DOCUMENT RESUME

ED 348 346 SP 033 953

AUTHOR	Hunter, Lisa K.; Lloyd-Kolkin, Donna
TITLE	Entering Adulthood: Skills for Injury Prevention. A Curriculum Guide for Grades 9-12.
SPONS AGENCY	Walter S. Johnson Foundation, Menlo Park, CA.
REPORT NO	ISBN-1-5601-060-8
PUB DATE	91
NOTE	115p.
AVAILABLE FROM	Network Publications, P.O. Box 1830, Santa Cruz, CA 95061-1830 ($19.95).
PUB TYPE	Guides - Classroom Use - Teaching Guides (For Teacher) (052)
EDRS PRICE	MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS	*Accident Prevention; *Behavior Modification; Curriculum Guides; *Educational Strategies; Grouping (Instructional Purposes); Health Promotion; High Schools; High School Students; Learning Strategies; Lesson Plans; *Safety Education; *Student Behavior

ABSTRACT

This curriculum helps high school students identify behavior that puts them at risk for injury by promoting the practice of safer behavior. It introduces students to some startling statistics and teaches vital knowledge, attitudes, and behaviors to improve students' personal safety behavior. Educators are encouraged to teach the curriculum via an extended health promotion campaign strategy. With this technique, students work in small groups to research, plan, and implement a focused injury prevention media campaign. Lessons are planned around assessing students' own high-risk behavior, learning to respond in emergency situations, realizing the importance of safety belt and helmet use, making safe choices about drinking and driving, avoiding injuries common in sports and recreation activities, understanding the importance of nonviolent conflict resolution and the dangers posed by weapons, and communicating important safety messages to peers. The guide is organized into two sections. The introduction contains lesson sequence, overview, objectives, time, instructional strategies, teacher responsibilities, and evaluative methods. The section on lessons includes 10 lesson plans: (1) Risk Profile; (2) Taking Risks; (3) Strategies for Prevention; (4) Emergency; (5) Buckle Up; (6) On the Road: Keeping Your Head; (7) Friends Don't Let Friends...; (8) Talk, Don't Shoot; (9) Fun without Injury; and (10) Rate Your Risk. (LL)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ENTERING ADULTHOOD

ED348346

Skills for Injury Prevention

Lisa K. Hunter, PhD, and Donna Lloyd-Kolkin, PhD

S1033953

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL IN **OTHER THAN PAPER COPY** HAS BEEN GRANTED BY

S. Bignell

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

CONTEMPORARY HEALTH SERIES
Kathleen Middleton, MS, Series Editor

BEST COPY AVAILABLE

ENTERING ADULTHOOD

Skills for Injury Prevention

ENTERING ADULTHOOD

Skills for Injury Prevention

A Curriculum for Grades 9–12

Lisa K. Hunter, PhD, and Donna Lloyd–Kolkin, PhD

Contemporary Health Series
Kathleen Middleton, MS, CHES, Series Editor

Network Publications, a division of ETR Associates
Santa Cruz, CA • 1991

Network Publications' Contemporary Health Series

Into Adolescence (for grades 5-8)

Choosing Abstinence
Enhancing Self-Esteem
Learning About AIDS
Learning About Reproduction and Birth
Living in a Family
A Time of Change (puberty)
Avoiding Drugs
Communicating Emotions
Becoming a Health-Wise Consumer
Making and Keeping Friends
Living Without Tobacco
Actions for Wellpower
Caring for Our Planet and Our Health
A Menu for Good Health
Fitness, Health and Hygiene
Stopping Violence

Entering Adulthood (for grades 9-12)

Connecting Health, Communication and Self-Esteem
Coping with Sexual Pressures
Living in Relationships
Preventing Sexually Related Disease
Understanding Reproduction, Birth and Contraception
Balancing Stress for Success
Understanding Depression and Suicide
Examining Drugs and Risks
Developing Responsibility and Self-Discipline
Planning Life Directions
Creating a Healthy Environment
Moving into Fitness
Looking at Body Image and Eating Disorders
Skills for Injury Prevention

© 1991 by Network Publications, a division of ETR Associates.
All rights reserved. Published by Network Publications,
P.O. Box 1830, Santa Cruz, CA 95061-1830.

Printed in the United States of America

10 9 8 7 6 5 4 3 2 1

Cover design: Julia Chiapella

Illustrations: Ann Smiley

Title No. 396

Library of Congress Cataloging-in-Publication Data

Hunter, Lisa
Entering adulthood. Skills for Injury Prevention / by Lisa K. Hunter and Donna Lloyd-Kolkin
p. cm. — (The Contemporary health series)
Includes bibliographical references.
ISBN 1-56071-060-8
1. Children's accidents—United States—Prevention. 2. Accidents—United States—Prevention. 3. Safety education—United States. I. Lloyd-Kolkin, Donna. II. Title. III. Series.
HV675.72H86 1991 91-19050
613.6—dc20 CIP

This curriculum was made possible, in part, by a grant from the Walter S. Johnson Foundation. The opinions expressed in this curriculum are those of the authors and do not necessarily reflect the opinions of the Walter S. Johnson Foundation.

CONTENTS

Editor's Preface ix

Introduction 1
- Lesson Sequence 2
- Overview 3
- Objectives 4
- Time 5
- Instructional Strategies 5
- Teacher Responsibilities 7
- Evaluative Methods 7

Lessons
1. Risk Profile 9
2. Taking Risks 35
3. Strategies for Prevention 51
4. Emergency! 75
5. Buckle Up! 89
6. On the Road: Keeping Your Head 103
7. Friends Don't Let Friends 117
8. Talk, Don't Shoot! 131
9. Fun Without Injury 143
10. Rate Your Risk 157

DEDICATION

To Roppel, for your commitment to health promotion and your unfailing support of us.

—LKH
—DLK

EDITOR'S PREFACE
Contemporary Health Series

Health educators and practitioners know that prevention of health problems is far more desirable than treatment. The earlier the knowledge and skill to make healthful decisions are instilled, the greater the chance a healthful lifestyle will be adopted. School is the logical place in our society to provide children, adolescents and young adults the learning opportunities essential to developing the knowledge and skills to choose a healthful life course.

The **Contemporary Health Series** has been designed to provide educators with the curricular tools necessary to challenge students to take personal responsibility for their health. The long-range goals for the **Contemporary Health Series** are as follows:

Cognitive. Students will recognize the function of the existing body of knowledge pertaining to health and family life education.
Affective. Students will experience personal growth in the development of a positive self-concept and the ability to interact with others.
Practice. Students will gain skill in acting on personal decisions about health-related life choices.

Within the **Contemporary Health Series** there are two curricular divisions: *Into Adolescence* for middle school teachers and *Entering Adulthood* for high school teachers. The *Into Adolescence* modules focus on several different health and family life topics. Modules addressing puberty, AIDS, the family, self-esteem, reproduction and birth, sexual abstinence,

friendship, emotions, nutrition, fitness, consumer choices, the environment, violence and drug, alcohol and tobacco education have been developed by skilled author/educators.

Entering Adulthood modules address reproduction and contraception, responsibility, stress, depression and suicide, life planning, communication and self-esteem, AIDS and other STDs, relationships, sexual abstinence, fitness, body image, the environment, injury prevention and drug, alcohol and tobacco education.

All the authors are, or have been, classroom teachers with particular expertise in each of the topic areas. They bring a unique combination of theory, content and practice resulting in curricula which weave educational learning theory into lessons appropriate for the developmental age of the student. The module format was chosen to facilitate flexibility as the modules are compatible with each other but may stand alone. Finally, ease of use by the classroom teacher has driven the design. The lessons are comprehensive, key components are clearly identified and masters for all student and teacher materials are provided.

The **Contemporary Health Series** is intended to help teachers address critical health issues in their classrooms. The beneficiaries are their students, our children, and the next generation.

Kathleen Middleton, MS, CHES
Series Editor

INTRODUCTION

Unintentional injuries are the leading cause of death among adolescents. Almost four times as many people age 15 to 24 die from unintentional injuries each year than from homicide, the second leading cause of death. Suicide is the third leading cause of death in this age group.

Yet one of the great myths of adolescence is the belief in immortality. Students believe most fervently that "it can never happen to me." This belief increases the challenge of trying to teach adolescents to reduce their risk-taking behavior to avoid personal injury.

In a review of recent health program evaluations, Ross found that peer-oriented programs and programs that provided alternatives to "thrill-seeking" were among the most effective in changing the health behavior of adolescents.[1] This module is built on a model of peer influence, with the long-range goal of changing group norms away from risk-taking behavior and toward adoption of injury prevention actions.

This aim is accomplished through a health promotion campaign designed by students for other students in the class or school. Students research a particular personal safety issue, evaluate the barriers they and their friends set up to adopting a protective behavior, and design messages that address that barrier. In the process, students begin to assume more responsibility for their own behavior through active encouragement of their fellow students to reduce risk-taking behavior.

[1] Ross, J. G. 1990. Approaches to reducing adolescent risk-taking behaviors: What works and what doesn't. Presentation at the American School Health Association Annual Convention, Long Beach, CA.

The health campaign approach is based on the belief that adolescents themselves are experts at choosing a message to convince peers to adopt behaviors that reduce the risk of injury. The campaign allows students to:

- examine their knowledge, attitudes and beliefs about such topics as wearing safety belts, refusing to drink and drive, wearing helmets, using conflict resolution strategies instead of violence, and preventing sports injuries
- analyze the reasons their peers may have decided not to adopt behaviors that reduce the risk of injury
- decide what message would convince their peers to adopt such behaviors
- create a product with an injury prevention message

Planning and conducting such a campaign will require more time and energy at the outset. But, we believe it is far more effective in changing group or community norms and thus can influence individual behavior, not only of your own students, but of your entire school community.

Although an alternative, more traditional, format is also offered in this module, we strongly urge you to follow the campaign approach if at all possible.

Lesson Sequence

Different lessons are taught, depending on whether you use the health promotion campaign approach or the traditional approach. The lessons you should teach for each approach follow.

Health promotion campaign approach:

- Lesson 1: Risk Profile
- Lesson 2: Taking Risks
- Lesson 3: Strategies for Prevention
- Lesson 4: Emergency!
- Lesson 10: Rate Your Risk

(Students assume responsibility for covering the topics in lessons 5 through 9.)

Traditional approach:

- Lesson 1: Risk Profile
- Lesson 2: Taking Risks
- Lesson 4: Emergency!
- Lesson 5: Buckle Up!
- Lesson 6: On the Road: Keeping Your Head
- Lesson 7: Friends Don't Let Friends ...
- Lesson 8: Talk, Don't Shoot!
- Lesson 9: Fun Without Injury
- Lesson 10: Rate Your Risk

Overview

This injury prevention unit focuses on knowledge, attitudes and behaviors related to reducing risks for young people in bicycle and motor vehicle crashes, in sports and recreation, and in relation to firearms and weapons. These injury areas were selected because they reflect the highest rates of personal injury to young people. Injury prevention strategies in five areas are studied in this module. The five areas are safety belts, helmets, alcohol (and other drugs) and driving, weapons, and sports and recreation.

The basic theme of the unit is that injuries are largely preventable and that the knowledge, attitude and behavior of the individual can reduce his or her risk of injury. The use of the word *accident* is purposely avoided. The word *accident* connotes unavoidable calamity that cannot be controlled. The message of this module is quite the opposite.

To accomplish the goal of reducing the risk of injury, students become actively engaged in learning experiences that make the prevention message a personalized one. Throughout the unit, students work in small groups to research, plan and implement a campaign to persuade their fellow students to adopt behaviors that reduce the risk of personal injury in various areas. Each small group acts as a public relations or advertising firm to accomplish its goal.

For example, one small group of five to eight students is responsible for safety belt usage, while another works on increasing helmet use. Each small group campaign consists of one or more creative products with a specific message, such as a rap or an announcement to be played over the school's public address system, an article for the school newspaper, posters for the school parking lot or corridors, etc. These campaigns may be schoolwide or confined to the class in which the unit will be taught.

To build their campaigns, student groups review a basic fact sheet about the injury area they are addressing; further library research on the topic may be conducted. The group then brainstorms possible knowledge, attitudes and behaviors of their target audience (other students) that may contribute to injury in this area. Then each group creates a key message and a mode of expression (e.g., article, poster, etc.) that they believe will persuade other students to reduce their risk for personal injury.

Each student group will make a presentation to the class that includes:

- basic facts about the injury area it is addressing
- results of its student survey
- the message it selected and why
- the draft campaign product

Following the presentation, the class as a whole will make suggestions on how to improve the product.

As a class project and/or for extra credit, student work may be performed or exhibited throughout the school.

During the early phase of the unit, while students are planning their campaigns, information about how injuries happen and how to respond to injuries when they do happen is addressed through teacher mini-lectures and class discussions.

Should you choose not to use the unit-long health promotion campaign strategy, teacher background information and activities in each lesson can be used for a more traditional lesson approach.

Objectives

Lesson 1	*Risk Profile*	■ Students will be able to analyze their risk-taking behavior.
Lesson 2	*Taking Risks*	■ Students will be able to list situations in which a risk is taken.
		■ Students will be able to describe behaviors that may prevent injury.
		■ Students will be able to describe barriers to adopting injury prevention behaviors and suggest solutions to these barriers.
Lesson 3	*Strategies for Prevention*	■ Students will be able to synthesize a health communication campaign around an injury prevention issue.
Lesson 4	*Emergency!*	■ Students will be able to explain what to do in an emergency to seek help.
		■ Students will be able to describe the community's response to trauma and medical emergencies.
Lesson 5	*Buckle Up!*	■ Students will be able to identify myths and facts associated with using safety belts.
		■ Students will be able to explain the importance of attitudes about safety belts and their use or nonuse.

Lesson 6	*On the Road: Keeping Your Head*	■ Students will be able to explain how helmets protect them from head injury. ■ Students will be able to analyze why people do or do not choose to wear a helmet when riding a bicycle or motorcycle.
Lesson 7	*Friends Don't Let Friends ...*	■ Students will be able to demonstrate words and actions for making a safe choice about drinking and driving.
Lesson 8	*Talk, Don't Shoot!*	■ Students will be able to demonstrate positive ways to resolve conflicts.
Lesson 9	*Fun Without Injury*	■ Students will be able to list injuries commonly associated with sports and recreational activities. ■ Students will be able to explain steps to take for musculoskeletal injuries incurred during sports and recreational activities.
Lesson 10	*Rate Your Risk*	■ Students will be able to assess the level of change in their risk-taking behavior over the course of the module. ■ Students will commit to taking one injury prevention action during the next month.

Time

The time indicated for each lesson is an approximate measure, based on a 45-50 minute class period. The actual time required to complete all activities in a given lesson will vary, depending on student interest and ability. Lessons that will probably require more than one class period to complete are indicated.

Instructional Strategies

Throughout this module, students work in small groups to research, plan and implement health promotion campaigns on injury prevention for their peers. Through this small-group project, students learn information about injury prevention for a particular risk area and analyze the barriers to adopting preventive behavior.

The teacher is urged to adopt the health promotion strategy. This strategy is the most effective for changing behavior over time. Additionally, the module incorporates a variety of other

instructional strategies to develop and maintain student motivation and interest at peak levels. The specific strategies used in each lesson are clearly identified. An alphabetical list of instructional strategies and their descriptions follows:

Brainstorming
Class Discussion
Cooperative Learning Groups
Creative Expression
Teacher Lecture
Worksheets

Brainstorming

Brainstorming is used to stimulate discussion of an issue or topic. Students are asked to give their ideas and opinions without comment or judgment from the teacher or other students. Ideas can be listed on the chalkboard, on butcher paper or newsprint, on a transparency or on a pad of paper (for small group recording). Brainstorming should continue until all ideas have been exhausted or a predetermined time limit has been reached.

Class Discussion

A class discussion led by the teacher is one of the most valuable strategies used in education. It can be used to initiate, amplify or summarize a lesson. Most of the lessons in this module include some form of class discussion.

Cooperative Learning Groups

Cooperative learning is one of the most common and effective strategies used in this module. Students work in small groups on tasks to disseminate and share information, analyze ideas or solve problems. The size of the group depends on the nature of the lesson and the make-up of the class. Groups work best with two to six members.

Group structure will affect the success of the lessons. Groups can be formed by student choice, random selection or a more formal teacher-influenced process. Groups seem to function best when they represent the variety and balance found in the classroom. Groups also work better when each student has a responsibility within the group (reader, recorder, timer, reporter, etc.).

While groups are working on their tasks, the teacher should move from group to group, answering questions and dealing with any problems that arise. At the conclusion of the group process, some closure should take place.

This module encourages the teacher to create small groups that will work together *throughout* the module to create a health promotion campaign for fellow students.

Creative Expression

Asking students to write short stories or poems or make drawings or collages about topics they are studying integrates language arts, fine arts and personal experience into a lesson. This

technique can be used as a follow-up to most lessons. In this module, students in their small groups are asked to create a product, such as a poster, skit, rap, poem or PSA, as the outcome of their campaign planning process.

Teacher Lecture

A traditional teacher lecture disseminates information directly from the teacher to students. In some lessons, this approach is the best way to provide information. Generally, this method is combined with other methods to assure high-level motivation and learning.

Worksheets

Most lessons in this module include worksheets. Students may be asked to complete the worksheets individually or in cooperative learning groups. Some worksheets include an activity to be completed outside of class. Completed worksheets should generally be reviewed with the whole class to provide relevant and timely feedback.

Teacher Responsibilities

Your first responsibility in this injury prevention unit centers around your decision to use the health promotion campaign strategy. Read the introduction and Lesson 3, Strategies for Prevention, to help you decide. Once you make the commitment to the campaign approach, you may need to work closely with students to guide them through the process.

A major reward of adopting the campaign approach will be a set of exciting, state-of-the-art campaign messages in the form of posters, songs, plays and more. These can be publicized throughout the school or in the community at large to promote vital messages of safety and injury prevention.

Some lessons have a student assignment in advance of the lesson (Lessons 3, 4 and 7). This may be an extra-credit assignment for one or two student volunteers to collect some information that is needed during the lesson. Be sure to read ahead so that you know to make these assignments in advance of teaching the actual lesson.

You may want to ask an outside speaker to supplement the information in Lesson 6 on helmets and Lesson 8 on weapons. If you invite speakers, schedule them well ahead of time, and talk to them first so you won't be surprised by anything they plan to say!

Evaluative Methods

Each lesson provides you with a method for evaluating student performance on stated objectives. The methods are listed following the procedure section of each lesson. Evaluative methods include analysis and comment on worksheets and other written materials, as well as observation of individual responses.

Since a major objective of this unit is for students to change their long-term behavior from risk taking to injury prevention, it would be highly desirable to check back with students weeks or even months after you have finished the unit to see how well they have been able to keep the pledges they made throughout the unit. This could be done easily at the end of the semester by asking them on an exam or in a discussion which safety behaviors they have maintained.

LESSON 1

RISK PROFILE

Teach this lesson for both the health promotion campaign approach and the traditional approach.

Objective

Students will be able to analyze their risk-taking behavior.

Time

One or two class periods.

Overview

The module begins with students' assessment of their personal risk-taking behavior. As the teacher, you are encouraged to prepare a class risk behavior profile based on the assessment questionnaire to use in the next lesson.

For the health campaign approach, students are organized into five groups to study injury prevention strategies in five areas—safety belts, helmets, alcohol (and other drugs) and driving, weapons, and sports and recreation. Throughout the module, students work with these groups to develop health communication messages. They begin by reading a fact sheet introducing the injury prevention topic assigned to their group.

Teacher Materials and Preparation

COPY:

✓ **What Risks Do You Take?** worksheet, one for each student.

✓ **What Risks Do You Take? *Scorecard,*** one for each student.

For the health promotion campaign:

✓ **The Truth About Safety Belts *Fact Sheet,*** for about one-fifth of the class.

✓ **Do Helmets Protect Us? *Fact Sheet,*** for about one-fifth of the class.

✓ **Friends Don't Let Friends...*Fact Sheet,*** for about one-fifth of the class.

✓ **Firearm Murders *Fact Sheet,*** for about one-fifth of the class.

✓ **Your Favorite Sport *Fact Sheet,*** for about one-fifth of the class.

REVIEW:

✓ **What Risks Do You Take? *Lowest Risk Responses.***

Procedure

■ Tell students that they are going to be studying injury prevention. Offer them the following information about injuries.

- Injuries kill more children and teens than all diseases combined, but most of these injuries can be prevented.
- What you know, believe and do is related to *group norms* about how people should behave.
- A *norm* is a principle that guides, controls or influences the behavior of the members of a group.
- What you know, believe and do in relation to driving, biking, sports and weapons affects your chances of injury in these areas.
- Effective messages can persuade people to reduce their risk for personal injury. This means you can change the norms of your society.

■ Distribute the **What Risks Do You Take?** worksheet, and ask students to complete it. Tell students not to put their names on the worksheet. Explain that you will collect the worksheets, but their answers will be confidential.

Stress that students should answer each question honestly. Tell students you will be using the worksheets to create a class profile of risky behaviors.

Note: This risk assessment may be uncomfortable, even threatening to some students. Emphasize that students' responses will be confidential. Encourage students to answer honestly to get a realistic assessment of the risks they take.

When students have answered the questions on the worksheet, distribute the **What Risks Do You Take? *Scorecard*.** Tell students this is their private record. They should keep the scorecard to use again at the end of the module. They can then compare their scores to see whether they have changed any of their behaviors.

Tell students to record their answers on the scorecard and figure their scores. The score will tell them how high their level of risk-taking is.

Use the **What Risks Do You Take? *Lowest Risk Responses*** to answer any questions students have about the risk assessment. Collect the worksheets when students have filled in the information on their scorecards. Do not collect the scorecards. Ask students to keep their scorecards in a safe place to use again in the last lesson of this module.

■ *If you are using the health promotion campaign:* Divide the class into groups of five to eight students. Tell students these groups will work together for the remainder of the module. Groups will create health messages to influence other students in the class or school to adopt injury prevention behaviors.

Assign one of the following topics to each group:

- safety belts
- helmets
- alcohol (and other drugs) and driving
- weapons
- sports and recreation

Distribute fact sheets on a different topic to each group. Have students read the fact sheets aloud in their groups. Tell groups to choose one person to report to the class on the injury statistics for their topic at the next class session.

Tell students that after reviewing the fact sheet, they should decide if they need more information about the problem. If so, group members should conduct additional research. Tell students they will need this information by Lesson 3.

■ *If you are using the traditional approach:* Ask for students' responses to the questionnaire. Were they surprised by anything? Did the questions make them think of any particular incidents? How do they feel about spending time thinking and talking about injuries and prevention of injuries? Do they think it's important to do so? Why or why not?

Evaluation

Have students use the information from their scorecards to write a summary statement analyzing their own personal levels of risk taking.

STUDENT

What Risks Do You Take?

Directions: Do ***not*** write your name on this questionnaire. Please answer the questions honestly. Your answers will be private.

Read each question carefully, and choose the most accurate answer for each question. Circle the letter of the answer you choose.

How old were you on your last birthday?

a. 13 years old
b. 14 years old
c. 15 years old
d. 16 years old
e. 17 years old
f. 18 years or older

What sex are you?

a. Female
b. Male

1. During the past 30 days, how many times have you been in a car or truck or on a motorcycle driven by someone who was or had been drinking alcohol or using other drugs?

a. None
b. 1 time
c. 2 or 3 times
d. 4 or 5 times
e. 6 or more times

2. During the past 30 days, how many times did *you* drive a car, truck or motorcycle while or after drinking alcohol or using other drugs?

a. None
b. 1 time
c. 2 or 3 times
d. 4 or 5 times
e. 6 or more times

3. How often do you wear a safety belt when riding in a car or truck driven by someone else?

a. Never
b. Rarely
c. Sometimes
d. Most of the time
e. Always

4. How often do you wear a helmet when riding a bicycle?

a. I do not ride bicycles.
b. Never
c. Rarely
d. Sometimes
e. Most of the time
f. Always

5. How often do you wear a helmet when riding a motorcycle?
   a. I do not ride motorcycles.
   b. Never
   c. Rarely
   d. Sometimes
   e. Most of the time
   f. Always

6. Last summer, during June through August, how many times did you swim or surf with or without friends in an area that was *not* supervised by an adult or a lifeguard?
   a. None
   b. 1 time
   c. 2 or 3 times
   d. 4 or 5 times
   e. 6 or more times

7. Last summer, during June through August, how many times did you swim or surf with or without friends while or after drinking alcohol or using other drugs?
   a. None
   b. 1 time
   c. 2 or 3 times
   d. 4 or 5 times
   e. 6 or more times

8. During the past 30 days, how many times have you carried a weapon, such as a gun, knife or club for self-protection or because you thought you might need it in a fight?
   a. None
   b. 1 time
   c. 2 or 3 times
   d. 4 or 5 times
   e. 6 or more times

9. What kind of weapon did you usually carry?
   a. I did not carry a weapon.
   b. A handgun
   c. Another gun such as a rifle or a shotgun
   d. A knife or a razor
   e. A club

10. During the past 30 days, how many times have you been in a physical fight in which you or the person you were fighting was injured and had to be treated by a doctor or a nurse?
   a. None
   b. 1 time
   c. 2 or 3 times
   d. 4 or 5 times
   e. 6 or more times

11. During the past 30 days, how many times have you been injured while playing a sport or game?
   a. I have not been injured.
   b. 1 time
   c. 2 or 3 times
   d. 4 or 5 times
   e. 6 or more times

Adapted from the *Youth Risk Behavior Survey*, U.S. Public Health Service, OMB No. 0920-0258.

TEACHER

What Risks Do You Take?

Lowest Risk Responses

1. During the past 30 days, how many times have you been in a car or truck or on a motorcycle driven by someone who was or had been drinking alcohol or using other drugs?
   - ***a. None***
   - b. 1 time
   - c. 2 or 3 times
   - d. 4 or 5 times
   - e. 6 or more times

2. During the past 30 days, how many times did *you* drive a car, truck or motorcycle while or after drinking alcohol or using other drugs?
   - ***a. None***
   - b. 1 time
   - c. 2 or 3 times
   - d. 4 or 5 times
   - e. 6 or more times

3. How often do you wear a safety belt when riding in a car or truck driven by someone else?
   - a. Never
   - b. Rarely
   - c. Sometimes
   - d. Most of the time
   - ***e. Always***

4. How often do you wear a helmet when riding a bicycle?
   - ***a. I do not ride bicycles.***
   - b. Never
   - c. Rarely
   - d. Sometimes
   - e. Most of the time
   - ***f. Always***

5. How often do you wear a helmet when riding a motorcycle?
   - ***a. I do not ride motorcycles.***
   - b. Never
   - c. Rarely
   - d. Sometimes
   - e. Most of the time
   - ***f. Always***

6. Last summer, during June through August, how many times did you swim or surf with or without friends in an area that was *not* supervised by an adult or a lifeguard?
   - ***a. None***
   - b. 1 time
   - c. 2 or 3 times
   - d. 4 or 5 times
   - e. 6 or more times

7. Last summer, during June through August, how many times did you swim or surf with or without friends while or after drinking alcohol or using other drugs?

a. None
b. 1 time
c. 2 or 3 times
d. 4 or 5 times
e. 6 or more times

8. During the past 30 days, how many times have you carried a weapon, such as a gun, knife, or club for self-protection or because you thought you might need it in a fight?

a. None
b. 1 time
c. 2 or 3 times
d. 4 or 5 times
e. 6 or more times

9. What kind of weapon did you usually carry?

a. I did not carry a weapon.
b. A handgun
c. Another gun such as a rifle or a shotgun
d. A knife or a razor
e. A club

10. During the past 30 days, how many times have you been in a physical fight in which you or the person you were fighting were injured and had to be treated by a doctor or a nurse?

a. None
b. 1 time
c. 2 or 3 times
d. 4 or 5 times
e. 5 or more times

11. During the past 30 days, how many times have you been injured while playing a sport or game?

a. I have not been injured.
b. 1 time
c. 2 or 3 times
d. 4 or 5 times
e. 6 or more times

Adapted from the *Youth Risk Behavior Survey*, U.S. Public Health Service, OMB No. 0920-0258.

STUDENT

What Risks Do You Take?

Scorecard

Directions: Use this scorecard to keep a record of your answers on the questionnaire. The left-hand side is for your answers at the beginning of this unit; the right-hand side is for your answers at the end of the unit. There is an explanation of your score at the bottom of this page. Find a safe place to keep your scorecard. Then only you will know whose card it is *and* you will be able to find it at the end of the unit.

Responses at Beginning of Unit	Lowest Risk Responses	Responses at End of Unit
1. _____	1. ***a. None***	1. _____
2. _____	2. ***a. None***	2. _____
3. _____	3. ***e. Always***	3. _____
4. _____	4. ***a. Do not ride*** or ***f. Always***	4. _____
5. _____	5. ***a. Do not ride*** or ***f. Always***	5. _____
6. _____	6. ***a. None***	6. _____
7. _____	7. ***a. None***	7. _____
8. _____	8. ***a. None***	8. _____
9. _____	9. ***a. Did not carry***	9. _____
10. _____	10. ***a. None***	10. _____
11. _____	11. ***a. Have not been***	11. _____
Total ☐		**Total** ☐

Scoring

Give yourself one point for every lowest risk response.

10 to 11 points: You are taking excellent care of yourself by not taking risks that could harm you.

6 to 9 points: You are taking some risks that could result in an injury or injuries. Adopting some new injury prevention habits will lower your chances of injury.

0 to 5 points: You are taking many risks and have a high likelihood of injuring yourself. Adopting at least five new injury prevention habits will lower your chances of injury.

STUDENT

The Truth About Safety Belts

Fact Sheet

Many people believe they are very safe when driving just to the store, the school or to a friend's house. They do it all the time and think nothing will ever happen. But a crash or collision can happen at any time or place. *Three out of four crashes happen within 25 miles of home.*

Nearly eight out of ten crashes happen at speeds less than 40 mph. That's because most driving is done at low speeds and in urban areas. Driving at low speed is no guarantee that you won't be hurt in a crash, however. People not wearing safety belts have been fatally injured in crashes *at speeds as low as 12 mph*. That's about the speed you would be driving in a parking lot.

A safety belt can save your life by keeping you unhurt, alert and able to escape quickly. Without a safety belt, you can easily be stunned or knocked unconscious in even a minor crash. Then how will you escape? To get a rough estimate of the force with which you collide with the inside of the car, multiply your weight times the speed the car is traveling at the instant of the crash. For example, in a 30 mph crash, a 100-pound person would hit the dash with 3,000 pounds of force. There's no way you could stop yourself with your hands on the dash!

If you watch television, you probably think cars explode and drop into rivers all the time. But that's just not what happens in real life. Fewer than one out of every 200 injury-producing crashes involves fire or submersion in water. The fact is that your chances of being fatally injured are almost 25 times greater if you're thrown from the car than if you are safely buckled to your seat. Why? Because it's not easy to get out of the car. You have to go through the windshield or the side windows...and that's going to hurt! Once you are out of the car and sailing through the air, you face your next problem...you are going to land. But without wings, you really don't have a choice.

So how will safety belts help you? They will hold you snugly in your seat so that you won't:

- plunge through the windshield
- smash into trees or rocks or other cars
- scrape along the ground or the pavement
- get run over by your own or another car

STUDENT

Never wear a shoulder belt by itself. You will slide *under* it in a crash and suffer serious injury. The combination of lap and shoulder belts working together provides the greatest protection in a crash.

More than 90 percent of all drivers *do* believe that safety belts are a good idea in certain situations. However, only about 14 percent of drivers can be seen wearing their belts. Only about 8 percent of children who ride in cars or trucks are restrained in any way.

More than half the students in the National Adolescent Student Health Survey (1987) said they did not wear a safety belt the last time they rode in a car, truck or van.

No matter how good a driver you are, you can't control another driver or another car, especially if the driver is drunk or driving without enough sleep. On the average, everyone can expect to be in a crash once every 10 years. For one out of every 20 persons, it will be a serious crash. For one out of every 60 persons born today, it will be fatal. Since you can't guarantee avoiding a collision, no matter how good a defensive driver you are, your best protection in such situations is a safety belt.

STUDENT

Do Helmets Protect Us?

Fact Sheet

Bicycles:

- There are more than 1,000 bicycling deaths in the United States each year.
- Half of all bicycling deaths are among school-age youth.
- Wearing a bicycle helmet can reduce the risk of head injury by 85 percent.
- Less than 10 percent of the nation's 85 million bicycle riders use helmets.

Motorcycles:

- More than 3,000 motorcyclists die each year in highway crashes and approximately 100,000 are injured.
- Head injury is the leading cause of death in motorcycle crashes. Compared with riders wearing helmets, riders without helmets are three times more likely to receive a fatal head injury and two times more likely to receive a serious head injury.
- More than 80 percent of all motorcycle crashes result in injury or death to the motorcyclist. Physicians say that trauma (injury) in motorcycle crashes is the worst trauma they treat outside of war combat zones.
- A study at the University of California concluded that wearing a safety helmet was the single most important factor affecting survival in motorcycle crashes.

Sources:
"Bike Helmets: Unused Life Savers," in *Consumer Reports.* (May 1990).
National Highway Traffic Safety Administration. *Consumer Information.* (April 1988). Washington, DC: U.S. Department of Transportation.

STUDENT

Friends Don't Let Friends...

Fact Sheet

Even though alcohol use is illegal for teens in the United States, there are some alarming statistics about teens and alcohol:

- 80 percent of all teenagers have tried alcohol before they are 18.
- In one survey, half of all 16 and 17 year olds said they had used alcohol in the previous month.
- Alcohol is involved in more than half of all fatal crashes in which the driver is under 21.
- Everyone drives dangerously when he or she has been drinking. However, teenagers are worse drivers than adults when they drink alcohol. For example, California teens who have been drinking but whose blood alcohol levels are still below the legal limit have twice as many crashes as adults with the same level of intoxication.

In the National Adolescent Student Health Survey (1987), 44 percent of tenth grade students and approximately one-third of eighth grade students said that during the past month they had ridden with a driver who had used alcohol or other drugs.

In most states, the law says that you are too intoxicated to drive when your blood alcohol level is .10 or more. (In some states, it's even lower.) Although individuals may differ, someone weighing 100 pounds would be legally drunk after three drinks over a two-hour period. (One drink is one beer, one glass of wine or one ounce of hard liquor.) Someone who weighs 160 pounds would be drunk after four and one-half drinks in two hours.

Sources:
Alcohol Under Control: Making Your Community Alcohol Safe. P. Breitrose and J. Flora. 1988. San Diego, CA: County of San Diego Department of Health Services.
The National Adolescent Student Health Survey: A Report on the Health of America's Youth. American School Health Association (ASHA). 1989. Kent, OH: American School Health Association.

STUDENT

Firearm Murders

Fact Sheet

Year	*Youth Murders*	*Youth Murders by Firearms (%)*	*Under 5 years old*	*age 5-9*	*age 10-14*	*age 15-19*
1980	2,829	1,426 (50%)	51	39	104	1,232
1981	2,452	1,213 (50%)	36	44	107	1,026
1982	2,463	1,171 (48%)	63	47	96	965
1983	2,328	1,065 (46%)	38	43	93	891
1984	2,060	962 (47%)	48	45	88	781
1985	2,227	1,096 (49%)	51	45	112	888
1986	2,484	1,210 (49%)	52	48	101	1,009
1987	2,398	1,270 (53%)	38	41	126	1,065
1988	2,374	1,538 (65%)	54	56	136	1,292
1989	3,001	1,897 (63%)	70	57	156	1,614

Reprinted with permission from *A Generation Under the Gun: A Statistical Analysis on Youth Firearm Murder in America*, August 16, 1990, Center to Prevent Handgun Violence, Washington, D.C.

STUDENT

Your Favorite Sport

Fact Sheet

The only sports or recreational activities that frequently result in death among teenagers are water activities, including swimming, playing in the water, falling in the water and boating. In 1988, 1,000 people between the ages of 15 and 24, and 500 between the ages of 5 and 14, drowned. The use of alcohol or other drugs while in or near the water contributes to drownings. Drownings are the second leading cause of death from unintentional injury for people age 15 to 24.

Sport	*Most Common Injuries*	*Protective Strategy*
Swimming/ Diving	Shoulders Broken neck Drowning	Warm up. Check depth of water. Swim with a buddy, adult or lifeguard present. Don't use alcohol or other drugs.
Tennis	Elbows	Warm-up, stretching
Biking	Skin (abrasions, bruises) Head injuries	Bike on path or smooth surface. Wear a helmet.
Gymnastics	Knees, back, shoulders, spine	Warm-up, stretching, strengthening, instruction
Ballet	Knees, feet, spine	Warm-up, stretching, strengthening, instruction
Basketball	Knees, back, legs	Wear proper shoes.
Baseball	Shoulders, elbows	Warm-up, stretching, instruction
Hockey	Knees	Warm-up, instruction, protective gear
Walking	Being hit by car	Wear a reflective vest when walking at night. Walk facing traffic. Walk on sidewalk.
Running	Shin splints Foot and knee injuries	Wear shoes made for running. Run on a soft surface rather than pavement.

LESSON
2

TAKING RISKS

Teach this lesson for both the health promotion campaign approach and the traditional approach.

Objectives

Students will be able to list situations in which a risk is taken.

Students will be able to describe behaviors that may prevent injury.

Students will be able to describe barriers to adopting injury prevention behaviors and suggest solutions to these barriers.

Time

One or two class periods.

Overview

Students must become aware of the risks they take and the importance of adopting preventive behaviors. This lesson begins with a discussion of risks, injury and injury prevention, based on the class risk behavior profile compiled from student responses on the **What Risks Do You Take?** worksheet in Lesson 1.

Students generate a list of injuries, a preventive action for each injury, and the possible barriers that keep a person from taking

preventive action. Finally, students begin to think about what they could say or do that might convince a friend to lower his or her risk of injury by adopting preventive behaviors.

Teacher Materials and Preparation

PREPARE:

✓ Class Risk Behavior Profile based on student responses on the **What Risks Do You Take?** worksheet in Lesson 1. See **Class Risk Behavior Profile *Instructions***.

HAVE:

✓ Overhead projector.
✓ Transparency marking pen.

COPY:

✓ **Common Cause** worksheet, one for each student.
✓ **Risky Business** worksheet, one for each student.

MAKE:

✓ Transparency of **Taking Stock**.
✓ Transparency of **Injury Statistics** (for traditional approach).

REVIEW:

✓ **Risks, Injuries and Prevention *Teacher Background Information***.
✓ **Fact Sheets** from Lesson 1.

Procedure

■ Distribute the **Common Cause** worksheet. Ask students what the four newspaper stories have in common. Explain that in each article, someone was injured—one of them fatally—and that the injury was preventable.

■ Share the Class Risk Behavior Profile, and discuss the following points. Use **Risk, Injuries and Prevention *Teacher Background Information*** as a guide for this discussion.

- What is a risk? What does it mean to take a risk? What are some examples of risk taking?
- Looking at the Class Risk Behavior Profile, in which areas are students taking the greatest risks? Are the stakes equally

high in these areas? Is not wearing a helmet as risky as carrying a weapon? Is not wearing a safety belt as risky as swimming alone?
- In which areas have most students in the class adopted injury prevention behaviors?
- Why do you think people take risks?
- Do you think it's important to study about risks and injury prevention? Why or why not?

■ Show students the **Taking Stock** transparency. Point out the four columns—*Injury, Injury Prevention Behavior, Barriers to Prevention* and *Strategies*. Review the example with students.

Tell them the example represents a friend who was seriously injured in a motorcycle accident. The first column lists his injury. A behavior that could have prevented the injury is listed in the next column. Reasons for not taking that action are listed under *Barriers to Prevention*. The last column lists some ways to convince someone to use the injury prevention behavior.

Ask students for additional examples to add to the chart, and fill in the transparency as they respond.

■ Tell students that the field of injury control is a new and growing one. Explain that professionals in this field deliberately avoid use of the word *accident*, because it suggests that the event is unavoidable. Most accidents can in fact be prevented. For example, injuries and deaths from motor vehicle crashes can be prevented by using safety belts and not driving if you have been drinking.

■ *If you are using the health promotion campaign:* Ask one student from each campaign group to report to the class about the topic his or her group is studying. Ask students to include the following information in their reports:
- What are the injury statistics for this topic?
- What are the injury prevention behaviors for this topic?

■ *If you are using the traditional approach:* Show students the **Injury Statistics** transparency. Emphasize that deaths from unintentional injuries increase dramatically during the teen years. Point out that motor vehicle crashes account for most of this increase.

■ Distribute the **Risky Business** worksheet. Divide the class into small groups, and tell students to work with their groups to

complete the worksheet. Tell groups to choose a representative to report their responses to the class.

Evaluation

Assess students' responses in class discussion and group reports on the **Risky Business** worksheet for understanding of what risks are, behaviors that reduce risk, barriers to adopting risk reduction behaviors and strategies to overcome those barriers.

RISKS, INJURIES AND PREVENTION

Teacher Background Information

A risk is "the possibility or chance of loss or injury." To take a risk is "to expose to hazard or danger, or incur the risk or danger of" (Webster's New Collegiate Dictionary). A life without risk is impossible, but risks vary greatly in the seriousness of their consequences. Learning to evaluate the consequences of risks and taking steps to reduce the possibility of injury are important life skills.

Adolescents may be at particularly high risk of injury. Teenagers frequently feel invulnerable, full of their growing independence and plans for the future. Education can help teenagers evaluate and make informed choices about their behavior.

The first step in adopting injury prevention behaviors is to gain *knowledge* about the likelihood of certain injuries and the most common and easiest ways to prevent those injuries. Although the possession of knowledge does not necessarily lead to *behavior change* (the question of how and why an individual changes his or her behavior has not yet been resolved), knowledge provides a basis for decision making. To assess the risks we are taking, we must have accurate knowledge about what contributes to certain injuries. We can then decide whether to continue the risky behavior or to adopt preventive behavior.

Unintentional injuries are the leading cause of death for persons age 1 to 37; for people between the ages of 15 and 24, unintentional injuries claim more lives than all other causes combined, about four times more than the next leading cause of death, which is homicide. More than three out of four victims in this age group are males. Deaths from unintentional injuries increase markedly during the teen years, from under 500 for those age 13 to over 2,200 for those age 19. Motor vehicle crashes account for most of this increase. Of the 62.1 million injuries suffered in the United States in 1987, about 44 percent of the victims were under 25 years old. (Source: *Accident Facts, 1989 Edition,* National Safety Council, Chicago, Illinois.)

TEACHER

Class Risk Behavior Profile

Instructions

You can tally responses on the **What Risks Do You Take?** worksheet as a total class or by sex and/or age. If you choose to subdivide the responses (for example, to compare males with females), sort the worksheets into piles before beginning your tally. Tally the number of responses next to each letter in each question as illustrated below.

Compute the percentage of students who chose the lowest risk response for each question and report these percentages to the class. You may want to create a graph of risk-taking behavior to show the class profile more clearly or have students create such graphs.

1. During the past 30 days, how many times have you been in a car or truck or on a motorcycle driven by someone who had been drinking alcohol or using other drugs?
   a. None 𝍸 𝍸
   b. 1 time ///
   c. 2 or 3 times 𝍸
   d. 4 or 5 times //
   e. 6 or more times

2. During the past 30 days, how many times did *you* drive a car, truck or motorcycle while or after drinking alcohol or using other drugs?
   a. None 𝍸 𝍸 𝍸
   b. 1 time //
   c. 2 or 3 times /
   d. 4 or 5 times /
   e. 6 or more times /

3. How often do you wear a safety belt when riding in a car or truck?
   a. Never //
   b. Rarely ///
   c. Sometimes 𝍸 ///
   d. Most of the time ////
   e. Always ///

4. How often do you wear a helmet when riding a bicycle?
   a. I do not ride bicycles.
   b. Never ////
   c. Rarely ///
   d. Sometimes 𝍸 ///
   e. Most of the time ///
   f. Always //

STUDENT

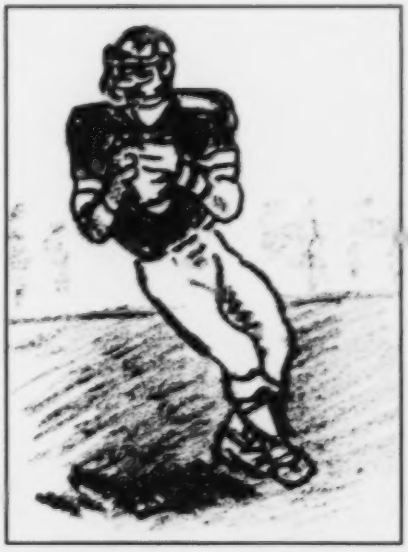
Common Cause

What do the following news items have in common?

Local Youth Paralyzed in Gang Warfare

Teen Hospitalized Following Car Crash
Not Wearing Seatbelt

Alcohol Blamed in Fatal Collision



Out for Season
QB Benched With Torn Ligament

TEACHER

Taking Stock

Injury	*Injury Prevention Behavior*	*Barriers to Prevention*	*Persuasion Strategies*
Concussion from motorcycle crash	Wear helmet	Cost Looks stupid	Compare cost of helmet with medical costs. Compare cost with other things money would be spent for, and decide which is worth more. If everyone wore helmets, it would look cool, not stupid; how can you change the norm from stupid to cool?

Example

TEACHER

Injury Statistics

The following table shows the breakdown of deaths from unintentional injuries for those between the ages of 15 and 24 in 1988.

All unintentional injuries	18,300
Motor vehicles	14,600
Drowning	1,000
Poisoning	600
Firearms	400
Falls	400
Fires	300
Suffocation*	100
All other types (medical complications, air transport, machinery, water transport, excessive cold, etc.)	900

* Includes only suffocation by inhalation or ingestion. Does not include mechanical suffocation (e.g., cave-in, confined space, etc.).

Reprinted with permission from *Accident Facts, 1989 Edition*, National Safety Council, Chicago, Illinois.

STUDENT

Risky Business

Directions: In the space below, draw or write an example of a risk you have taken or a risk you've seen someone else take. Then list the consequences of that risk and the prevention behaviors.

Risky Situation

Consequences	Preventions

1. What are some reasons why someone would not use the prevention behaviors?

2. How could you convince someone to change his or her behavior to reduce the risk?

LESSON 3

STRATEGIES FOR PREVENTION

Teach this lesson only if you are using the health promotion campaign approach.

Objectives

Students will be able to synthesize a health communication campaign around an injury prevention issue.

Time

Five to seven class periods.

Note: The length of the campaign planning process and product development will vary according to the sophistication and level of experience of your students.

Overview

This extended lesson is a practicum in the creation of health communication messages. It provides a laboratory in which students analyze the knowledge, attitudes and behaviors that affect the specific personal injury risk that they are seeking to reduce. Students then create messages that (1) change the social norms of the class and/or school in regard to that risk and (2) influence individual student behavior in regard to that risk.

In this lesson, students work in groups to analyze a specific personal injury risk topic. They brainstorm to identify underlying knowledge, attitudes and behaviors related to that risk area. Then groups develop and produce messages to change knowledge, attitudes and behaviors. These messages addressing each personal injury risk area are presented to the class over several class periods.

Teacher Materials and Preparation

HAVE:

✓ Overhead projector.

✓ Materials for campaign products. This will vary according to what each group plans and what resources are available in the school, e.g., posterboard, audiotapes, etc.

COPY:

✓ **Problem Summary** worksheet, one for each health promotion campaign group.

✓ **Campaign Strategy Statement** worksheet, one for each group.

✓ **Campaign Strategy Statement *Example*** worksheet, one for each group.

✓ **Guidelines for Message Punch** worksheet, one for each student.

MAKE:

✓ Transparency of **Problem Summary *Example***.

REVIEW:

✓ **Marketing Health Behaviors *Teacher Background Information***.

Procedure

■ Begin the lesson by reminding students that during this lesson they will work in small groups as if each group were a public relations firm or advertising agency. Their agency has a contract to develop a health campaign to reduce risk and prevent injury. Each group will work in a different injury prevention area. Suggest that groups create a name for their team or agency.

Ask students to think of health promotion campaigns they have observed in the media. These campaigns are also called health

communication campaigns, because the campaigns communicate health messages. List student responses on the board.

Ask if any slogans stand out in students' minds. Health promotion campaigns have dealt with drug abuse, drinking and driving, safe sex, reducing fat consumption, increasing exercise and stopping smoking. (Examples of slogans include "Just Say No" and "Be Smart, Don't Start.")

Tell students that these messages are the outcome of intensive planning and preparation. Campaign planners conduct research about the problem they are addressing, set campaign objectives based on that research, select appropriate target audiences and pretest their messages before presenting them to the public. Tell students they will be using many of these same steps to create their campaigns.

■ Explain to students that the target audience for their health promotion projects is their fellow high school students. Tell them they may want to select a more specific target audience, depending on the personal injury risk area they are working on. Specific target audiences could include teen boys, teen girls, student drivers, etc.

Tell students that before they can determine the appropriate target audience, they need to learn more about the problem area they are addressing. There are at least two ways they can do this. First, students can collect and/or review information about the problem. Second, they can use their campaign planning groups as focus groups. Explain that focus groups are a research tool frequently used by marketing specialists to determine underlying attitudes and beliefs about a problem.

■ Show students the transparency of the **Problem Summary *Example***. Tell students they should brainstorm the knowledge, attitudes and behaviors that impact the risk of personal injury. The **Problem Summary** worksheet provides a format for addressing these questions.

Review the **Problem Summary *Example***. First, planners ask how frequent the unsafe behavior is. Then they need to ask whether the target audience members know what behavior will help them avoid injury.

The next question concerns the barriers to adopting the injury

prevention behavior. Why won't people do what will help them avoid injury? This question leads to a consideration of the prevalent attitudes about the injury prevention behavior.

Explain that answers to these questions can come from focus groups. In the example, this information is then used to plan a health promotion campaign to prevent household falls. The campaign will probably focus on owning and using a ladder properly.

■ Tell students to meet with their health promotion campaign groups to begin their planning. Tell groups to review the fact sheet about their personal injury risk area that they received in Lesson 1. Tell students to add any additional information they've found in their research.

■ Give each group a copy of the **Problem Summary** worksheet. Tell students to brainstorm responses to the four questions with their group and record their ideas on the worksheet. These ideas will form the basis of their campaign planning.

Collect and review the **Problem Summary** worksheets.

■ Return the **Problem Summary** worksheets to groups. Ask students if they need any additional information before they begin to plan their campaigns. Explain that each group is to design a health promotion campaign to reduce their fellow students' risk of personal injury in the problem area they have selected.

The campaign, which may have one or more messages, must be based on student knowledge of the nature of the problem, how it can be prevented, the barriers to prevention and specific action steps that teens can take. Point out some of the resources they can use, and suggest that students be creative in developing the campaign. Materials to use might include posterboard and colored pens for posters/billboards and paper and pen for brochures or public service announcements (PSAs). You may also want to suggest a tape recorder and audiotape to record radio PSAs or camcorder and videocassette to record TV PSAs.

Explain that each group will make a presentation to the class about its campaign, telling what it did and why. Stress that campaigns and messages must be firmly grounded in the facts and sensible prevention behaviors. Note that good campaigns could be used schoolwide.

■ Tell students to meet with their campaign groups for a planning session. Give each group a copy of the **Campaign Strategy Statement** worksheet and the **Campaign Strategy Statement *Example*** worksheet. Note that the example contains a campaign strategy statement for the campaign about preventing household falls. Review this example with the class.

Tell the groups to record their plans on the worksheet. Collect and review each group's campaign statement.

■ Distribute the **Guidelines for Message Punch** worksheet. Tell students to meet with their groups to read and discuss the guidelines. Allow time for groups to discuss their campaign products in more detail, based on their Campaign Strategy Statements.

Tell groups the presentation they prepare for the class should include the following information:

- the problem addressed by the campaign
- some background information about the problem
- objective(s) of the campaign (what they expect to accomplish)
- target audience for the campaign
- reasons for selecting the campaign product or message used
- presentation or description of the campaign product or message

■ Have groups make their presentations to the class.

Note: The group presentations take the place of Lessons 5 through 9 in this module, which are more traditional approaches to instruction on the same topics.

After each group's presentation, ask the class for feedback. Review the guidelines for offering constructive feedback.

- Try to say what you like as well as what you think might be improved.
- If you have a suggestion for improvement, give a reason for your suggestion.
- No put-downs.

Evaluation

Assess students' success by their participation in the synthesis of their health promotion campaign.

Follow-Up/ Extension

Once the group presentations have been completed, students may want to implement their campaigns.

A valuable long-range project is to have each group decide how to evaluate the impact of its campaign. Possibilities include giving out brief questionnaires (such as the one used in Lesson 1) before and after the campaign, observing how many people use safety belts and helmets before and after the campaign, or making note of the number of injuries in the school before and after.

MARKETING HEALTH BEHAVIORS

Teacher Background Information

The health promotion campaigns that we see in the media are the result of careful planning and research about audiences, messages and media. This planning process can take several months and usually involves several steps.

Planning and Strategy Selection
The planning process begins with an analysis of the health problem to be addressed. During this stage, planners define campaign objectives, identify target audiences, write communication strategies and establish a timetable.

They examine statistics on the nature and extent of the problem to answer questions such as the following:

- What is the incidence of the health problem in the community?
- Does incidence differ between women and men? between income and education groups? between different ethnic groups? How does incidence differ by age?
- What is the cost of this health problem? in terms of medical bills? in terms of lives lost or destroyed?
- What are the causes or risk factors of this problem? How can it be prevented?

The final step in defining the problem is to assess how the public thinks, feels and behaves in regard to the particular health issue. For example:

- What do members of the public know about the health problem? What do they know about the causes of the problem? Are they aware of their own degree of risk or susceptibility? Are they aware of ways to prevent or minimize the problem?
- How do people feel about the problem? How important or serious do they perceive the problem to be? Are they afraid to do anything about it? Do they believe that preventive measures are effective?

Once the nature of the health problem is understood, campaign objectives are established. Objectives are the expected outcomes of the campaign. They need to be meaningful, realistic, clear and measurable. Think about objectives in terms of the learner (audience). Objectives should tell what the learner will be able to do *after* the campaign that he or she did not do before.

Identifying Target Audiences
The next step of the campaign is to identify the population groups to be reached. These groups are known as *target audiences*. Target audiences are selected and defined as narrowly as possible by demographic characteristics, such as sex, race, age and education; by geography; and, if possible, by a variety of characteristics called *psychographics*. These include personality (e.g., introvert v. extrovert), lifestyle (e.g., heavy v. light drinkers), risk factors, perceptions of the health problem, or the benefits sought from adopting more healthy behaviors.

Preparing the Campaign Strategy Statement
Communication strategies are short action phrases that describe *what* the campaign will communicate. The strategies should support campaign objectives and be tailored to each of the designated target audiences. In developing communication strategies, planners address the reasons *why* target audiences should act, such as to prevent premature death and disability, and the benefits to be gained, such as a longer, healthier life or feeling better each day.

Communication strategies are usually based on the analysis of public knowledge, attitudes and behaviors regarding the health problem. For example, if research indicates that smokers want to quit but do not have the skills to do so or do not feel confident that they can succeed, an appropriate strategy might include "providing smokers with skills to cope with cravings for cigarettes."

Once the communication strategies have been selected, they form the core of the campaign strategy statement. This document should indicate the following:

- an understanding of the problem, including the nature, extent and definition of the health problem the campaign will address
- an understanding of the information needs and perceptions of target audiences
- campaign objectives
- target audiences
- communication strategies

Selecting the Medium
Finally, the medium or media for reaching the target audience with the campaign messages is selected. Media include:

- Television—reaches the largest, broadest audience, but may not reach the audience you are targeting. For example, teens are least well represented among television viewers while the elderly watch in disproportionately high numbers. Also, you are limited to 10, 15, 30 or 60 second spots.
- Radio—reaches narrower, more highly targeted audiences, depending upon which channels are selected. Time limitations are similar to those of television.
- Newspaper—can reach a large audience but audience must be able to read.
- Booklets, pamphlets, brochures—can communicate detailed information, but audience must be literate.
- Posters, billboards—can convey a simple, brief message with high visual impact.

Concept Development
Based on the previous steps, message concepts are developed. These concepts are ideas and approaches for a full message. Concepts consist of rough art work and phrases describing the main ideas for a message. Concepts also include several possible lines or slogans that summarize the major theme of the campaign. Once a number of concepts are developed, campaign planners often pretest them with members of the target audience to see which concept is strongest.

Message Execution
Next, complete messages are developed from the concepts selected during testing. In creating messages, it's important to be completely accurate. Tell the audience members everything they need to know in ways they can act on. For example, offer specific behaviors they can perform. Messages should demonstrate the recommended behavior and teach the skills required to perform it. It is also important to emphasize the *benefits* of performing the recommended behavior.

Today, fierce competition for free airtime and newspaper space means that only the strongest health campaigns survive. By going through a careful process of collecting information, formulating objectives, identifying target audiences and pretesting campaign messages, health communication campaign planners can strengthen the odds in favor of their making a difference in people's lives.

Adapted from *Making PSAs Work, A Handbook for Health Communication Professionals*, National Cancer Institute, NIH Publication No. 83-2485, September 1983.

TEACHER

Problem Summary

Example

Directions: List the basic findings from your group discussion of your problem topic.

Problem topic/unsafe behavior:

climbing on chairs to reach high places

1. How often does the unsafe behavior occur?
   at least once a week

2. Do teens know what to do to avoid injury from this behavior?
   No, most teens don't know how to use a ladder safely.

3. What are the barriers to adopting the injury prevention behavior?
   Ladders are not available.
   Teens don't know how to use them.

4. What are some common attitudes about the injury prevention behavior?
   Ladders are hard to use.
   Chairs are OK to climb on.

STUDENT

Problem Summary

Directions: List the basic findings from your group discussion of your problem topic.

Problem topic/unsafe behavior:

1. How often does the unsafe behavior occur?

2. Do teens know what to do to avoid injury from this behavior?

3. What are the barriers to adopting the injury prevention behavior?

4. What are some common attitudes about the injury prevention behavior?

STUDENT

Campaign Strategy Statement

Group Members:

The problem addressed by our campaign:

How can a person reduce the risks of this problem?

Summary of teens' knowledge, attitudes and behaviors about this problem:

Campaign Objectives (What do you want to do? change knowledge? attitudes? behaviors?):

STUDENT

Target Audiences (Who needs to change?):

Communication Strategies (How are you going to do it?):

Message Concepts (slogans, artwork, etc.):

Media (posters, radio ads, etc.):

STUDENT

Campaign Strategy Statement

Example

Campaign Members:

Frankie C.
Son V.
Leticia M.
Alfonso G.
Robert T.
Katherine P.

The problem addressed by our campaign:

falls in the house

How can a person reduce the risks of this problem?

Use a ladder appropriately.

Summary of teens' knowledge, attitudes and behaviors about this problem:

do not own ladders
don't think they're necessary
don't know how to use safely

Campaign Objectives (What do you want to do? change knowledge? attitudes? behaviors?):

change knowledge—statistics on falls from chairs, information on how to use a ladder
change attitudes—make it cool to use a ladder to reach high places

STUDENT

Target Audiences (Who needs to change?):

all students in school

Communication Strategies (How are you going to do it?):

Use humor.

Give information.

Show someone cool using ladder.

Message Concepts (slogans, artwork, etc.):

Develop slogan around idea that ladders are cool, useful for lots of things.

Media (posters, radio ads, etc.):

series of posters showing popular seniors on ladders, giving facts about safe use of ladders

STUDENT

Guidelines for Message Punch

- *Keep the message short and simple.*
- *Make the message relate to the target audience in content, character and tone.*
- *Make it interesting and entertaining.*
- *Emphasize something new about the information.*
- *Be accurate.*
- *Tell the audience members everything they need to know in ways they can act on. Offer specific behaviors to perform.*
- *Demonstrate the recommended behavior and teach the skills required to perform it.*
- *Emphasize the benefits of performing the recommended behavior.*
- *Pick a slogan that stands out. Reinforce the slogan with words and pictures.*
- *Use positive rather than negative appeals.*
- *Use humor if appropriate, but make sure it doesn't offend the target audience.*

LESSON
4

EMERGENCY!

Teach this lesson for both the health promotion campaign approach and the traditional approach.

Objectives

Students will be able to explain what to do in an emergency to seek help.

Students will be able to describe the community's response to trauma and medical emergencies.

Time

One class period.

Overview

In this lesson, students read a short story that describes the community response to an emergency involving an automobile accident and head injury. In a class discussion, students review the main steps in the community's response system.

Teacher Materials and Preparation

ASSIGN:

✓ One or two students to find out how emergency medical services are organized in your community. Suggest that students contact the local health or police department to find out who's responsible for such services. The National Emergency Medical Services Clearinghouse maintains a list of state emergency medical services offices. The phone number of the clearinghouse is (606) 231-1903.

✓ One or two students to investigate what kinds of first aid and/or emergency care courses are available in your local community. (The Red Cross usually offers such courses.) Students should learn what courses are offered, the length of courses, locations, times and cost.

COPY:

✓ **The Crash** student reading, one for each student.

PREPARE:

✓ Find out if your community uses the 9-1-1 emergency response system. If not, find out what telephone number a citizen should use to report an emergency.

REVIEW:

✓ **Emergency!** ***Teacher Background Information***.

Procedure

■ Distribute **The Crash** student reading. Tell students that this fictionalized account was inspired by a true-life story. Allow students to read the story silently to themselves or have students take turns reading aloud.

■ Use the **Emergency!** ***Teacher Background Information*** to lead a class discussion about community response to a medical emergency. Use the following questions to guide this discussion:

- Which community agencies were involved in the response to the crash?
- What number did Ramon call to report the crash?
- Why did the dispatcher tell Ramon not to move the body? not to stop the flow of blood from Mike's mouth and nose?
- Why did the paramedic check Mike's wrist when she arrived on the scene?

- Why didn't the paramedics take Mike to the nearest hospital to treat his injuries?
- What is the "Golden Hour?"
- What happened to Mike when he arrived at the hospital?
- What might have prevented the crash?

■ Ask students who researched community emergency medical services and first-aid courses to report on their findings.

Evaluation

Have students write a paragraph that describes the steps they would take if they found a friend injured or unconscious at home. They should also explain how they think their community would assist in the situation.

Follow-Up/ Extension

Invite a professional involved in emergency medical services to visit your class and talk about his or her job. For example, you could invite a 9-1-1 dispatcher, paramedic, firefighter or police officer.

Arrange for the school nurse or a representative from the Red Cross or other responsible agency to demonstrate and/or train students in first aid, cardio-pulmonary resuscitation (CPR), etc.

EMERGENCY!

Teacher Background Information

Every state has its own emergency protocol. In the statewide Maryland Emergency Medical System, for example, a 9-1-1 call reaches a central alarm communications center that can dispatch ambulances from local fire departments and request a "medevac" helicopter. The state has eight helicopter bases and 11 trauma centers. Ambulances are staffed by emergency medical technicians, cardiac rescue technicians or emergency medical technician paramedics. The helicopters carry paramedics able to provide the highest level of pre-hospital care.

In contrast, a large state like California has assigned responsibility for emergency medical services (EMS) to each county. Each county must designate a single EMS agency. In some counties, the fire department has been designated the "first responder." All firefighters have received basic emergency medical technician training so that they are able to administer urgent care (life-saving first aid) until the ambulance arrives. Some of these firefighters are trained paramedics. In other counties, the police or another agency may be the designated EMS provider. California Highway Patrol officers are now receiving emergency medical technician care as part of their training before leaving the police academy.

Most, but not all, communities across the nation have adopted the universal 9-1-1 emergency response system.

When calling for emergency help, the caller should *never hang up* but should let the service provider end the conversation. When calling 9-1-1, the caller should:

- give the phone number from which she or he is calling
- give the address and any special directions of how to find the victim
- describe the victim's condition—bleeding, burned, broken bones, etc.
- describe what happened—how many are injured or what help is being given
- give his or her name
- stay on the line until the service provider ends the conversation

The emergency dispatcher will identify the nature of the emergency and contact the appropriate responder.

In an emergency, seconds can be the difference between life and death. Take care of life-threatening situations first, then seek help. If several people are available, one can go for help while others give first aid. People who need urgent care should never be left alone.

Always seek professional help in an emergency. EMS providers know which hospitals are the designated trauma centers in the area and will take a victim directly to the center. Local hospitals generally cannot afford to maintain the level of service that is required to treat trauma victims 24 hours a day.

STUDENT

The Crash

The clouds hung low over the horizon against the night sky, and the wind blew in sudden hard gusts that set the tumbleweed waving almost right over onto their sides. The only light was shed by the moon or an occasional lighted sign that dotted Highway 97. It was about two miles south of Bradleyville, out on the cold flat plains that make up this part of south Texas. That's where it happened, on a cold January night in 1990, a night that forever changed the lives of many students at Bradleyville Union High School.

Ramon Alvarez was driving home that night from a sales trip to Houston where he'd sealed a big deal for the Bradleyville Glass and Mirror Company to supply all the windows for a new shopping center being built there. He was looking forward to coming home, putting his feet on the sofa and being with his wife Amelia and their daughter Amy. It was about 9:30 p.m., and he'd been driving for nearly four hours.

Ramon was getting tired. He fidgeted in the seat and stretched his six-foot frame as best he could in his seat behind the wheel. He squinted at the road. He hadn't passed another car for nearly 45 minutes now.

Wait—what's that up ahead? Looks like a couple of cars to one side of the road—they should've pulled over, if they're going to sit and talk in the middle of nowhere. Must be a tourist getting lost—you could hardly find Bradleyville on most road maps.

As Ramon neared the cars, he slowed down to take a better look, then abruptly pulled to the side of the road. The drivers of these two cars weren't idly chatting. The driver of the Chevrolet was slumped forward, his body pressing against the shoulder belt. A boy who must have been the driver of the jeep was kneeling by the side of his car, sobbing wildly over a body sprawled on the hard ground. Two other boys sat white-faced in the back seat of the jeep. One held his arm in an awkward position while the other's face had an angry red bruise along one side.

"Mike!" Ramon heard the wail of anguish in the young man's voice as he hurried over to the scene of the injuries. Nearing the kneeling figure, he recognized Terry Young, the 17-year-old son of Arthur Young, pharmacist and president of the Bradleyville Rotary. Ramon and Arthur had spent countless hours working together at the Youngs' home as members of the planning committee for the annual Rotary carnival to raise funds for the children's hospital.

Ramon put his arm around Terry's shoulders as the boy sobbed. Looking down, he stared in shock at Mike Harriman, his daughter Amy's steady boyfriend. Mike's eyes were closed. His face was dead-white. Blood gushed out of his mouth and nostrils.

Ramon could see Mike's chest moving slightly and knew he must still be alive. Ramon rose quickly and went to the Chevrolet. Touching the driver's face

and hands, he found them warm. Ramon took the driver's wrist and felt for the pulse. It was faint but steady.

Fully awake now, Ramon ran to his car and gunned the motor, squealing back on to Highway 97 and heading for town. At the outskirts of Bradleyville, he pulled into the gas station parking lot and jumped out next to the phone. Hands trembling, he quickly dialed 9-1-1.

■■■■

"Emergency. Who's calling?" Etta Jones came on the line, the South Texas twang faint in her soft, steady voice. It had been a slow night, and she was glad of some activity. Staring at the computer screen in the county dispatch all night could get to be a drag. Then an emergency call would shatter the long calm. On weekends, sometimes, when people started drinking and driving, staffing the 9-1-1 was sheer murder as emergency piled upon emergency until Etta would begin to feel her nerves stretched taut as a bow string.

"It's Ramon Alvarez. I'm at the gas station just west of Bradleyville. There's been an accident—please, you have to hurry!"

"Slow down, sir. Where exactly is the accident?"

"Highway 97—about two miles west of Bradleyville."

"How many vehicles are involved?"

"Two—please, make it quick! There's one boy dying out there; there's blood gushing out of his mouth and his nose...."

"How many people have been injured, sir?"

"I don't know—three, maybe four. The others aren't so bad."

"Mr. Alvarez, listen to me now. I'm calling the Highway Patrol and the Lifeline Helicopter out of South Houston. They'll be there within 20 minutes. Can you go back to the scene of the injuries and tell them help is on the way? And unless you think the car's going to explode, be sure not to move the body of the boy who's bleeding—he may have a spinal injury and moving him could make it worse. Don't try to stop the bleeding from the mouth and nose—there may be pressure on the brain, and this is nature's way of taking care of it. Keep him warm. Can you remember all that?"

"Yes, ma'am. I'm on my way. And, ma'am—thanks."

■■■■

Alex Torres and Maria Santos put down their coffee cups and ran to the helicopter pad 1,000 yards away from the main South Houston Hospital emergency room. It never failed—just when you were ready to take five after a long, hard evening, the telephone rang.

As Maria strapped herself into the paramedic's seat, Alex let out the throttle. The helicopter rose unsteadily into the night sky before settling itself onto a steady course.

Alex pushed the hair back off his forehead and settled in. It would be a 20-minute flight to Bradleyville. As usual, the urgency of the mission ex-

cited him. It had always been like this, beginning back in his early days as a copter pilot in Vietnam, ferrying the wounded soldiers back to base hospital. What they'd learned in Nam was if they could get a guy to the trauma unit within an hour of his injury, they had a shot at saving his life. The Golden Hour, they called it. Well, 20 minutes to Bradleyville and 20 minutes back to Houston—this kid they said lay bleeding on the highway would have his shot, too.

■■■■

Back at the scene of the crash, Ramon Alvarez checked again on Mike and Terry. Terry was sobbing silently now, still kneeling next to Mike's body. Ramon put his jacket over Mike, noting the faint but steady rise and fall of the young man's chest.

"Terry, what happened?" Ramon asked.

"I don't know. We were just out driving around, you know, when this car just came out of nowhere, right at me." Ramon could smell the odor of beer on Terry's breath as he spoke.

"It happened so fast. I don't think Mike was wearing his safety belt. When the cars crashed, he flew out and hit his head, hard." Wayne Hahn, the boy with the injured arm, spoke, his voice breaking as it reached the end of the sentence.

In the distance, the shrill alarm of the Highway Patrol siren sounded. Looking up, Ramon saw the police car lights flashing. As the car pulled up, a young Highway Patrol officer jumped out and ran over.

"Been hurt bad, has he?" he asked sympathetically. Overhead, the faint sound of the oncoming helicopter could be heard.

■■■■

Carrying their heavy supply bags, Maria and Alex hopped out of the helicopter and ran to the scene of the injuries. Rapidly assessing the situation, Alex pulled the microphone of his portable two-way radio from his belt and informed South Houston of the state of this next patient. Meanwhile, Maria checked Mike's wrist and found the stainless steel Medic-Alert bracelet that told her Mike was allergic to penicillin. She set up an intravenous feed and began to apply antishock trousers to Mike's inert form to increase his blood pressure, which had fallen dangerously low. With help from Alex, Maria got Mike safely moved to a stretcher and into the helicopter. There was just room to fit in the driver of the Chevrolet, too. It had all happened in a matter of minutes.

"Well, boys," said the Highway Patrol officer to Wayne and Brian in the back seat of the jeep, "let's get you down to Bradleyville General. They'll patch you up."

"Where did they take Mike?" asked Wayne fearfully. "Will he be at General?"

"No, son, when somebody's hurt that bad, you need to go straight to a trauma center, a hospital where they specialize in these kinds of emergencies. Bradleyville General doesn't have the

equipment or the trained staff to handle cases like your friend."

"Will Mike be all right?" asked Terry in a whisper.

"I don't know, son. You were the driver of this car? I'll need to talk with you. I'll take you boys to the hospital, but after they've taken care of you, I'll need to ask you some questions."

Terry glanced fearfully at Ramon. "It's all right, Terry, I'll go see your dad. He'll meet you there."

Terry nodded.

■■■■

The staff were ready for Mike when he arrived at South Houston. Dr. Sharon Macky, the surgeon in charge of the trauma team, examined Mike quickly while other team members measured his heartbeat and blood pressure. Seeing Mike's head wound, Dr. Macky called in Dr. Theo Robinson, the trauma center's neurosurgeon. Quickly, they examined Mike and tested his reflexes to see how alert he was. Mike scored a five on the ten-point scale—he wasn't doing so well.

Dr. Robinson called ahead to the X-ray unit to set up a CAT scan. CAT stands for Computed Axial Tomography—it gives a computerized picture of the brain's soft tissues. The scan showed that Mike's brain had swelled as a result of smashing against the pavement. The soft brain tissue was pushing against the walls of Mike's skull. If the swelling couldn't be controlled, it would begin to press against Mike's brain stem; he would go into cardiac arrest and die.

"We've got to do something to bring that swelling down. Let's put him on the ventilator and hyperventilate him."

Half an hour later, Dr. Robinson decided it was time for more drastic action. Moving Mike to the operating room, he began measures designed to bring the swelling inside the skull down further. After nurses shaved Mike's head, Dr. Robinson positioned a small drill against Mike's skull and began drilling. Blood gushed out as the drill worked its way through the hard bone tissue.

"It's a matter of time now. We'll see if he makes it through the night."

■■■■

Ramon sat with Arthur Young, Terry's dad, in the waiting room of Bradleyville General. Grim-faced, Arthur sat in silence interrupted only by the occasional cracking of his knuckles as he kneaded the flesh of his hands.

At midnight, the call they had been waiting for came. Mike Harriman had died in the intensive care unit at South Houston Hospital. His parents had arrived at the hospital 45 minutes earlier. They were at his side when he died.

Terry Young was booked for driving under the influence of alcohol and for vehicular manslaughter. His trial date was set for February 14.

Mike Harriman was Terry Young's best friend. ■

LESSON
5

BUCKLE UP!

If you are using the health promotion campaign approach, you may choose not to teach this lesson, as the information is covered when the safety belt group makes its presentation.

Objectives

Students will be able to identify myths and facts associated with using safety belts.

Students will be able to explain the importance of attitudes about safety belts and their use or nonuse.

Time

One or two class periods.

Overview

Nearly 15,000 youths between the ages of 15 and 24 are killed in motor vehicle crashes each year. Many of these deaths and many more injuries could be prevented by the proper use of safety belts. Students need to know the facts about safety belt use to be motivated to use them.

In this lesson, students brainstorm reasons for using or not using safety belts. These reasons and a brief quiz about safety belts

become launching points to present the myths and facts about safety belts. Students also discuss how their beliefs about safety belts affect their attitudes toward using them.

Teacher Materials and Preparation

COPY:

- ✓ **How Much Do You Know?** worksheet, one for each student.
- ✓ **The Truth About Safety Belts** worksheet, one for each student.
- ✓ **Changes in Attitude** worksheet, one for each student.

REVIEW:

- ✓ **The Truth About Safety Belts**.

Procedure

■ Ask students to brainstorm reasons for not using safety belts and reasons for using safety belts. Write student responses in two columns on the chalkboard.

■ Distribute the **How Much Do You Know?** worksheet. Have students write their answers on the worksheet or call on volunteers to answer the questions.

■ Distribute **The Truth About Safety Belts** worksheet, and review the answers to the quiz. Refer back to the students' list of reasons not to use safety belts. Have these reasons been refuted by the answers to the quiz questions? If not, give students the appropriate information to respond to those reasons. Emphasize that there is no valid reason not to use a safety belt.

■ Discuss with students the issue raised by Question 7 in the quiz—even though most people think safety belts increase safety, many people still don't use them consistently. Use the following questions as guides for this discussion:

- Why do you think people don't use safety belts?
- Is there any information on your fact sheet you think would convince someone who didn't use safety belts to use them? What and why?
- How would you convince a friend to use his or her safety belt?

■ Distribute the **Changes in Attitude** worksheet. Ask students to answer the questions and to sign the pledge if they feel it is important to use safety belts when driving or riding in a motor vehicle.

Evaluation

Assess students' responses on the **Changes in Attitude** worksheet and in class discussion to determine their ability to identify facts and myths about safety belts. From the pledges, determine students' ability to explain the importance of a *use* attitude about safety belts.

Follow-Up/ Extension

Follow up at the end of the semester on students' commitment to wearing safety belts. Ask for a show of hands of those who have been using belts, and briefly discuss what was easy and what was difficult about keeping their pledge. Or ask students to write down whether they have used safety belts and a statement about why they haven't or how they feel about using them.

STUDENT

How Much Do You Know?

Directions: Mark each of the following questions either true or false.

T F 1. Safety belts aren't necessary when taking short trips at low speeds.

T F 2. About 80 percent of all automobile crashes occur at speeds of less than 40 mph.

T F 3. One in ten injury-producing crashes involves fire or submersion in water.

T F 4. In a crash, it's almost always safer to be thrown out of the car.

T F 5. If you wear a lap belt, you don't need a shoulder belt, too.

T F 6. Drivers wearing lap and shoulder belts have more control over the car in emergency situations.

T F 7. More than 90 percent of drivers think safety belts increase safety, but only 70 percent wear them regularly.

T F 8. If you're a good defensive driver, you don't need a safety belt because you won't be in a crash.

T F 9. Safety belts are designed to be comfortable.

T F 10. In every crash, there are two collisions.

STUDENT

The Truth About Safety Belts

Here are the answers to the safety belt quiz.

1. Safety belts aren't necessary when taking short trips at low speeds.

False. *Many people believe they are very safe when driving just to the store, the school or to a friend's house. They do it all the time, and think nothing will ever happen. But a crash or collision can happen at any time or place. Three out of four crashes happen within 25 miles of home.*

2. About 80 percent of all automobile crashes occur at speeds of less than 40 mph.

True. *Nearly eight out of ten crashes happen at speeds less than 40 mph. That's because most driving is done at low speeds and in urban areas. Driving at low speed is no guarantee that you won't be hurt in a crash, however. People not wearing safety belts have been fatally injured in crashes at speeds as low as 12 mph. That's about the speed you would be driving in a parking lot.*

3. One in ten injury-producing crashes involves fire or submersion in water.

False. *If you watch television, you probably think cars explode and drop into rivers all the time. But that's just not what happens in real life. Less than one out of every 200 injury-producing crashes involves fire or submersion in water.*

But suppose this does happen to you. Then a safety belt can save your life by keeping you unhurt, alert and able to escape quickly. Without a safety belt, you easily can be stunned or knocked unconscious in even a minor crash. Then how will you escape?

4. In a crash, it's almost always safer to be thrown out of the car.

False. *The fact is that your chances of being fatally injured are almost 25 times greater if you're thrown from the car than if you are safely buckled to your seat. Why? Because it's not easy to get out of the car. You have to go through the windshield or the side windows...and that's going to hurt! Once you are out of the car and sailing through the air, you face*

your next problem...you are going to land. But without wings, you really don't have a choice.
So how will safety belts help you? They will hold you snugly in your seat so that you won't

- *plunge through the windshield*
- *smash into trees or rocks or other cars*
- *scrape along the ground or the pavement*
- *get run over by your own or another car*

5. If you wear a lap belt, you don't need a shoulder belt, too.

False. *The purpose of a shoulder belt is to keep your upper torso from jackknifing forward in a collision and hitting the dashboard or the steering wheel with your chest and face. A lap belt will hold you in your seat and save your life, but the shoulder belt can prevent some very painful and disfiguring injuries.*

Never wear a shoulder belt by itself. You will slide under it in a crash and suffer serious injury. The combination of lap and shoulder belts working together provides the greatest protection in a crash.

6. Drivers wearing lap and shoulder belts have more control over the car in emergency situations.

True. *If you have to swerve suddenly to avoid a crash, your safety belts will hold you in your seat so that you can concentrate on steering. Without belts, it is likely you could be thrown out of your seat or at least slide so far that you could not keep control of the car. Ever hear of a race car driver who doesn't use safety belts? In fact, professional racing associations require the use of safety belts by all drivers, just as they require helmets and other safety devices.*

7. More than 90 percent of drivers think safety belts increase safety, but only 70 percent wear them regularly.

False. *More than 90 percent of all drivers do believe that safety belts are a good idea in certain situations. In practice, however, only about 14 percent of drivers can be seen wearing their belts. Only about 8 percent of children who ride in cars or trucks are restrained in any way.*

More than half the students in the National Adolescent Student Health Survey (1987) said they did not wear a safety belt the last time they

rode in a car, truck or van.

8. If you're a good defensive driver, you don't need a safety belt because you won't be in a crash.

False. *No matter how good a driver you are, you can't control another driver or another car, especially if the driver is drunk or driving without enough sleep. On the average, everyone can expect to be in a crash once every 10 years. For one out of every 20 persons, it will be a serious crash. For one out of every 60 persons born today, it will be fatal. Since you can't guarantee avoiding a collision, no matter how good a defensive driver you are, your best protection in such situations is a safety belt.*

9. Safety belts are designed to be comfortable.

True. *Safety belts are designed to allow you to reach necessary driving controls, and the currently used retractors give you even more freedom. The current safety belt design allows drivers and passengers to move freely and be comfortable during normal driving conditions. When a collision occurs, the belts will automatically lock into position and provide the needed protection. Most new belt users soon discover that they feel safer wearing safety belts.*

10. In every crash, there are two collisions.

True. *The two collisions are the actual crashing of the car into an external object (another car, a telephone pole, etc.)—the vehicle collision—and the crashing of the driver (and passengers) against interior portions of the car. That's the "human collision." The inside of the car has hard, unyielding surfaces which the person strikes with tremendous force because the body continues to move at the same speed that the car was moving.*

To get a rough estimate of the force with which you collide with the inside of the car, multiply your weight times the speed the car was traveling at the instant of the crash. For example, in a 30 mph crash, a 100-pound person would hit the dash with 3,000 pounds of force.

Adapted from *A Guide to Audiovisual and Print Materials on Safety Belts and Child Car Seats*, U.S. Department of Transportation, National Highway Traffic Safety Administration, July 1983 (DOT HS 806 418), and *How Many of These Fairy Tales Have You Been Told?*, 1984 (DOT HS 802 152).

STUDENT

Changes in Attitude

Directions: Answer the following questions and complete and sign the pledge if you are willing to make a commitment to wear a safety belt.

1. Write one thing about safety belts that you learned today that was new information to you.

2. What was your attitude about safety belts before this lesson?

3. Has your attitude about safety belts changed? _____ Yes _____ No
   If yes, how has it changed?

4. What could you say or do to prove to a friend that it's cool to wear a safety belt?

If you believe that it is important to always wear a safety belt in a car or truck, are you willing to make a commitment to wear one—both as driver and as passenger? If so, sign the pledge below.

❧ ❧ ❧

I, _____, promise to wear my safety belt whenever I am in a motor vehicle.
To help me remember to wear a safety belt, I will

_____

_____

_____ _____

Signed *Date*

LESSON 6

ON THE ROAD: KEEPING YOUR HEAD

If you are using the health promotion campaign approach, you may choose not to teach this lesson, as the information is covered when the helmet group makes its presentation.

Objectives

Students will be able to explain how helmets protect them from head injury.

Students will be able to analyze reasons why people do or do not choose to wear a helmet when riding a bicycle or motorcycle.

Time

One class period.

Overview

This lesson examines the statistics that demonstrate the importance of helmet use. It also looks at how helmets protect and how to select a helmet.

Students may bring in their own helmets to examine and compare, or you may wish to invite someone from a local bicycle or motorcycle shop to make a presentation about helmets. After examination of the topic, students decide whether or not to commit to wearing a helmet when riding a bicycle or motorcycle.

Teacher Materials and Preparation

ASSIGN:

- ✓ Students to bring in helmets that they wear when riding a bicycle or motorcycle.
- ✓ One or two students to research local or state laws regarding wearing a helmet for bicycle and motorcycle riders. Suggest they begin by calling the local police department.

HAVE:

- ✓ Overhead projector and transparency marking pen *or* chalk and chalkboard.

COPY:

- ✓ **Do Helmets Protect Us?** worksheet, one for each student.
- ✓ **Will I Wear a Helmet?** worksheet, one for each student.

MAKE:

- ✓ Transparency of **Class Cycling Chart** (optional).
- ✓ Transparency of **Choosing a Helmet**.

REVIEW:

- ✓ **Helmets *Teacher Background Information***.

Procedure

■ Show students the **Class Cycling Chart** transparency, or copy the chart onto the board. Ask for a show of hands in response to the following questions: Do you ride a bicycle? a motorcycle? If so, do you wear a helmet when you do? On the chart, record the number of students who ride each type of vehicle and the number who wear a helmet when they do so.

Compute the percentage of helmet riders for each type of vehicle by dividing the number of users by the number of riders. Discuss the results with the class. Are people in the class more likely to wear a helmet when riding on one vehicle than on the other? Why or why not? Among class members who do wear a helmet when riding, why do they wear one? Among those who don't, what are their reasons for choosing not to wear a helmet? List the pro-helmet and anti-helmet reasons on the chart.

■ Distribute the **Do Helmets Protect Us?** worksheet. Ask students to read the information individually. Lead a class discussion of the following questions:

- What do the statistics show about helmet usage when riding bicycles? when riding motorcycles?
- Do you think that helmets protect us when riding these vehicles? Why or why not?

■ Use the **Helmets *Teacher Background Information*** as the basis for a mini-lecture about how to evaluate helmet safety. Show students the **Choosing a Helmet** transparency as you share this information.

■ Ask students who have brought in helmets to bring them to the front of the class. Ask each student to describe his or her helmet. Do the students know if their helmets meet published standards? How can they tell?

Optional: Ask a local bicycle or motorcycle dealer to visit class to discuss helmet features and benefits.

■ Ask the students who researched local and state laws regarding helmet use to report their findings.

■ Distribute the **Will I Wear a Helmet?** worksheet. Ask students to complete the worksheet and sign it.

Evaluation

Determine how many students chose to commit to wearing a helmet.

Ask students who choose to wear a helmet to keep a log of their helmet use over the next two weeks. In the log, they should note how often they rode a vehicle and whether they wore a helmet at the time.

Ask students to write three paragraphs for or against the following statement: All bicycle and motorcycle riders should be required by law to wear a helmet. In their essays, students should offer at least three reasons to support their positions.

HELMETS

Teacher Background Information

A helmet is by far the most important piece of safety equipment to use when riding a bicycle or motorcycle. Head injuries are the leading cause of death in accidents involving both types of vehicles. Three-quarters of the more than 1,000 bicycling deaths that occur each year are caused by head injuries. A motorcycle rider without a helmet is at least three times more likely than a rider wearing a helmet to be killed in a crash.

But many riders ignore this basic safety precaution. Among children, only about 2 percent wear a helmet when they ride their bikes. In states that do not require motorcyclists to wear a helmet, many riders continue to risk their lives unnecessarily.

Reluctance to wear a helmet is usually linked to fit, cost or image. Helmets are "uncomfortable," or "expensive," or don't look "cool" or in. Knowing how to fit a helmet properly will greatly increase both comfort and safety. Where cost is a discouraging factor, schools may be able to help by arranging with a local bicycle dealer to sell helmets at cost or minimal profit through the school. This can be a good public service to offer during National Bike Month in May. Finally, the uncool image of helmets is being changed in part by helmet manufacturers who now offer bright, colorful styles. Education and increased public awareness can also help to change social norms so that wearing a helmet becomes the smart, "cool," thing to do.

Bicycle Helmets

Safety standards for bicycle helmets are established through two private organizations, the American National Standards Institute (ANSI) and the Snell Memorial Foundation. Both groups' standards are based on impact protection and strap system strength. The Snell Foundation test is slightly more demanding. A consumer should check the packaging to make sure that any bicycle helmet purchased has passed an ANSI or Snell test.

Bicycle helmets that meet safety standards may have a hard plastic or fiberglass shell lined with polystyrene foam, a polystyrene shell covered with Lycra, or a thin, semi-rigid shell.

To make sure a helmet fits, you should make sure it touches the head at the crown, sides, front and back. Put the helmet on and try to push it to the front, sides and back. It should not be loose or too easily moved. Purchase the smallest comfortable size.

To adjust the straps, make sure that the helmet is level across the forehead just above your eyebrows, and check to see that the front straps are close to vertical. The back straps should be straight, without any slack, coming just below the ears. Front and back straps should meet just below the jaw, in front of the ear. There should be equal tension in all straps.

With the chin strap buckled, try shaking your head. Does the helmet move? If it does, try adding thicker foam pads to the interior. If the helmet rolls front or back, tighten the straps.

Motorcycle Helmets

Motorcycle helmets are also certified by ANSI and Snell. However, the U.S. Department of Transportation (DOT) sets its own standards for motorcycle helmets. All helmets manufactured after October 3, 1988, must have the "DOT" symbol on the outside back to show that they meet these standards for safety.

There are three types of motorcycle helmets: partial coverage or "pudding bowls"; full coverage or "jet pilot helmets"; and complete facial coverage helmets. While all three can be certified by DOT, the more of the head and face you cover up, the better off you are in a crash.

Select a helmet cover that is brightly colored to make you more noticeable to other motorists.

Helmet fit is very important. A helmet that is too large will be more likely to come off in a crash, even with the chin strap fastened. Partial coverage helmets are the style most likely to come off in a crash. A helmet should fit snugly; it should not turn freely on your head.

The chin strap should fit snugly, but should not cut into your neck. Some helmets use other types of retention devices in place of chin straps; read the manufacturer's instructions carefully.

A motorcyclist should select a helmet with a face shield, or wear goggles to guard against eye injuries. Bugs and airborne debris can cause eye injuries and distract the rider's attention enough to cause a crash. Traveling at highway speed without eye protection can also cause squinting and excessive tearing, both of which impair ability to see.

Sources:
"Bike Helmets: Unused Life Savers," in *Consumer Reports*. (May 1990).
National Highway Traffic Safety Administration. *Consumer Information*. (April 1988). Washington, DC: U.S. Department of Transportation.

TEACHER

Class Cycling Chart

	Bicycle	Motorcycle
Riders		
Helmet Use		
Percentage		

Why?	Why Not?
Pro-helmet	**Anti-helmet**

STUDENT

Do Helmets Protect Us?

Bicycles

- There are more than 1,000 bicycling deaths in the United States each year.
- Half of all bicycling deaths are among school-age youth.
- Wearing a bicycle helmet can reduce the risk of head injury by 85 percent.
- Less than 10 percent of the nation's 85 million bicycle riders use helmets.

Motorcycles

- More than 3,000 motorcycle riders die each year in highway crashes, and approximately 100,000 are injured.
- Head injury is the leading cause of death in motorcycle crashes. Compared with riders wearing helmets, riders without helmets are three times more likely to incur a fatal head injury and two times more likely to incur a serious head injury.
- More than 80 percent of all motorcycle crashes result in injury or death to the motorcycle rider. Physicians say that trauma (injury) in motorcycle crashes is the worst trauma they treat outside of a war combat zone.
- A study at the University of California concluded that safety helmet use was the single most important factor affecting survival in motorcycle crashes.

Sources:
"Bike Helmets: Unused Life Savers," in *Consumer Reports*. (May 1990).
National Highway Traffic Safety Administration. *Consumer Information*. (April 1988). Washington, DC: U.S. Department of Transportation.

TEACHER

Choosing a Helmet

Bicycle Helmet

Full Coverage Motorcycle Helmet

Complete Facial Coverage Motorcycle Helmet

STUDENT

Will I Wear a Helmet?

1. Other than an automobile, the vehicle I ride most often is a _____.
2. Most of the time, I currently do _____ do not _____ wear a helmet when I ride this vehicle.
3. The potential consequences of my not wearing a helmet are:

4. My reasons for wearing a helmet are:

5. My reasons for not wearing a helmet are:

6. Look at your reasons for and against wearing a helmet. Are you going to wear a helmet?

❧ ❧ ❧

On balance, I, _____, have decided to wear _____ not wear _____ a helmet when I ride because:

_____

_____

_____

_____ _____

Signed *Date*

LESSON 7

FRIENDS DON'T LET FRIENDS...

If you are using the health promotion campaign approach, you may choose not to teach this lesson, as the information is covered when the drinking and driving group makes its presentation.

Objective

Students will be able to demonstrate words and actions for making a safe choice about drinking and driving.

Time

One or two class periods.

Overview

The use of alcohol and other drugs is illegal for teens throughout the United States; however, statistics reveal that teens do use alcohol and other drugs—sometimes at alarming rates. By high school, all students have heard the message "don't drink and drive." Most students accept the message. However, when confronted by situations that involve driving and alcohol (or other drugs), making the safe choice may be difficult.

This lesson focuses on skills and preplanning to help students learn how to refuse to ride with a driver who has been drinking; alternative ways to get home when others have been drinking

alcohol or using other drugs; and how to prevent someone who has been drinking alcohol or using other drugs from driving.

Note: It's important to emphasize that alcohol and other drug use is illegal for teens, while still offering students information and skills they can use to help protect themselves.

Teacher Materials and Preparation

ASSIGN:

✓ One or two students to research whether your community has a Safe Ride program and what the procedures are.

COPY:

✓ **Alternatives** worksheet, one for each student.
✓ **Robert's Scene** worksheet, one for each group of girls.
✓ **Katherine's Scene** worksheet, one for each group of boys.

REVIEW:

✓ **Don't Drink and Drive *Teacher Background Information*.**

Procedure

■ Ask students what the following phrases or terms mean to them:

- Driving and alcohol don't mix.
- Friends don't let friends drink and drive.
- Contract for Life.
- Students Against Driving Drunk.
- Mothers Against Drunk Driving.

Use the **Don't Drink and Drive *Teacher Background Information*** to supplement what students say with relevant facts. Include some statistics about the incidence of drinking and driving among teens. Emphasize that alcohol and other drug use is illegal for teens.

■ Distribute the **Alternatives** worksheet. Have students read the information silently or take turns reading it aloud. Ask students if they've ever used any of the suggestions.

■ Divide the class into groups of about five to seven students. Each group should have only all males or females. Give the male

groups a copy of **Katherine's Scene** and give the female groups a copy of **Robert's Scene**.

Tell students to work with their groups to decide the best way to handle the situation. Tell groups to prepare a roleplay showing what they would do and say in order to take care of themselves.

■ When groups have presented their roleplays, lead a discussion that compares the different ways students decided to handle the situation.

Be sure to reinforce the following messages:

- Alcohol and other drug use is illegal for teens.
- Do not drive if you have had anything alcoholic to drink.
- Do not ride with someone who has been drinking or using drugs, even if he or she seems OK.
- Is it worth the risk of injury or death to have a friend mad at you or to have someone think you're not cool?

Some students may feel it's worth the risk to avoid losing face with a friend or the group. Allow additional time to practice refusal skills that feel comfortable and to generate alternatives to parties where alcohol is the focus. Emphasize the following key points:

- Is there anything that hasn't been mentioned? (Possible actions include calling a taxi or a parent to take the couple home; calling a community Safe Ride program; riding with someone from the party who hasn't been drinking; staying over at the house where the party is being held.)
- What are refusal skills? What are examples—from the roleplays or as you think of it now—of saying no to riding with someone who has been drinking alcohol?
- What are some things you might say to convince a friend who is drinking not to drive?
- Which actions or statements would be easy to do?
- Which would be hard?
- What would prevent you from taking any of these actions or making any of these statements? Is the risk of getting injured in a drunk driving crash worth your reason for not taking action?
- What could be done to keep from getting into this kind of situation to begin with? (For example: plan parties where alcohol is not served.)

■ Distribute the **Friends Don't Let Friends...** worksheet. Ask students to answer questions and to sign the pledge if they are willing.

Evaluation

Assess students' responses on the **Friends Don't Let Friends...** worksheet and in the roleplays to determine their ability to select words and actions for safe choices related to alcohol and other drug use and driving.

Follow-up/ Extension

At the end of the semester, follow up on students' pledges to seek sober transportation. You can ask for a show of hands of those who have been able to keep their pledge or ask students to briefly write whether they have been able to keep their pledge, and if not, why they could not and what they could do differently next time. These statements should be anonymous, but should be collected.

DON'T DRINK AND DRIVE

Teacher Background Information

Even though alcohol use is illegal for teens in the United States, there are some alarming statistics about teens and alcohol.

- Eighty percent of all teenagers have tried alcohol before they are 18.
- In one survey, half of all 16 and 17 year olds said they had used alcohol in the previous month.
- Alcohol is involved in more than half of all fatal crashes in which the driver is under 21.
- Teenagers are worse drivers than adults when they consume alcohol. For example, California teens who have been drinking but whose blood alcohol levels are still below the legal limit have twice as many crashes as adults with the same level of intoxication.

In the National Adolescent Student Health Survey (1987), 44 percent of tenth grade students and approximately one-third of eighth grade students said that during the past month they had ridden with a driver who had used alcohol or other drugs.

In most states, the law says that you are too intoxicated to drive when your blood alcohol level is .10 or more. (In some states, it's even lower.) Although individuals may differ, someone weighing 100 pounds would be legally drunk after three drinks over a two-hour period. One drink is one beer, one glass of wine or one ounce of hard liquor. Someone who weighs 160 pounds would be drunk after four and one-half drinks in two hours.

High school students in many communities around the country have developed Safe Ride programs to provide rides on weekend nights for stranded teens. One program in Palo Alto, CA was developed by students, parents and the Red Cross. The program is run by students, who stand by phones on weekend nights and provide rides for those who call in. Students are trained by coordinators, and meet at their schools monthly. Student volunteers are supervised by a Coordinator, whose position is funded by the Red Cross. If your community does not have a safe ride program, this might be an excellent project for students to initiate and implement.

Students Against Driving Drunk (SADD) has developed a Contract for Life, to be signed by a student and a parent. To get a copy of the contract, write SADD at Box 800, Marlboro, MA 01752.

Source: *Alcohol Under Control: Making Your Community Alcohol Safe*, P. Breitrose and J. Flora. 1988. San Diego, CA: County of San Diego Department of Health Services.

STUDENT

Alternatives

There are alternatives to driving when you—or your friends—have been drinking alcohol or using other drugs. Many communities offer some of the following choices.

Safe Ride programs provide alternative transportation for teens on weekend nights who otherwise might have to ride with someone who has been drinking. The cars are driven by teen volunteers, with adult supervisors on call. The service is confidential and nonjudgmental. Volunteers remain in the car and watch riders enter their homes, but they do not deal with parents. Safe Ride programs may be located in the telephone directory.

Contract for Life is a document signed by the student and a parent. In the contract, the student pledges to call home for a ride if she or he is with a driver who has been drinking. The parent pledges to come and get the student, no questions asked and no argument at that time, or to pay for a taxi. The group Students Against Driving Drunk (SADD) developed the contract idea. Group members say it helps improve family communication and also supports teens as they cope with peer pressure about driving and alcohol and other drug use.

Refusal skills can help teens when the driver in their group has been drinking. These skills can help someone refuse to ride with a driver who has been drinking or refuse to let a person who has been drinking get behind the wheel.

The following suggestions are good examples of using refusal skills:

- "Let's go get something to eat with Rosa and Sonny—then we can come back and get your car."
- "Let's drive home with Rosa and Sonny and come get your car tomorrow."
- "How about letting me drive your car back to my house and you can stay there for the night?"
- "Let's stay here tonight—it's okay with Sonia's parents."
- "I called for a ride home—want to come with me?"

STUDENT

Robert's Scene

You are at a party. Everyone has been drinking. You rode to the party with Robert because you don't have a license. You've had a crush on him all year. Finally he asked if you wanted to go to a party with him.

Robert has been drinking at the party, and you know you probably shouldn't ride with him. In fact, maybe he shouldn't drive at all. But you really like him, and maybe he'll take someone else home if you won't go. What's the best way to handle this?

STUDENT

Katherine's Scene

You are at a party. Everyone has been drinking. You don't have a license yet, but you've been going with Katherine, who's older than you and does have a license. You and Katherine came to the party together in her car.

Katherine has been drinking at the party, and you know you probably shouldn't ride with her. In fact, maybe she shouldn't drive at all. But you really like her, and maybe she'll take someone else home if you won't go. What's the best way to handle this?

STUDENT

Friends Don't Let Friends...

1. What did you learn from this lesson that was new to you?

2. If you were in the situation described in class, what would you do?

3. If you're willing, sign the pledge below.

❧ ❧ ❧

I, _____, pledge that I will seek safe, sober transportation home if I am ever in a situation where I have been drinking or the person who is driving me has been drinking. In such a situation, I would probably:

_____

_____

_____

_____ _____

Signed *Date*

LESSON
8

TALK, DON'T SHOOT!

If you are using the health promotion campaign approach, you may choose not to teach this lesson, as the information is covered when the weapons group makes its presentation.

Objective

Students will be able to demonstrate positive ways to resolve conflicts.

Time

One or two class periods.

Overview

This lesson is devoted to examining the dangers to personal safety posed by weapons. Class discussion is based on a statistical report on youth murders. Students then identify more positive ways to resolve conflicts than through the use of weapons.

Teacher Materials and Preparation

COPY:

- ✓ **Firearm Murders** worksheet, one for each student.
- ✓ **Resolving Conflict** worksheet, one for each student.
- ✓ **How Would You Handle It?** worksheet, one for each student.

READ:

- ✓ **Weapons and Violent Crimes** ***Teacher Background Information***.

Procedure

■ Distribute the **Firearm Murders** worksheet. When students have had time to review the information, lead a class discussion based on the following questions:

- Have murders of people under 19 years of age increased over the past ten years?
- Have youth murders by firearms increased?
- Which age group is most likely to be murdered? to be murdered by firearms?
- Why are students your age likely to be murdered? under what circumstances?

■ Tell students that not all deaths by firearms are murders. Some are accidents. Firearms are the fifth-leading cause of *unintentional* death among people age 14 and under. In one study conducted by the Center to Prevent Handgun Violence, 266 unintentional handgun shootings of young people were examined.

Key findings from this study include:

- Nearly half of the handguns used were found by children in bedrooms.
- Most of the incidents occurred when adults were not at home.
- Most of the young people involved were age 9 to 16.
- Four out of five victims were shot by someone whose age was within two years of their own.
- Nearly half of all shootings in the victims' homes and in the homes of relatives were self-inflicted, while three out of every four shootings at friends' homes were committed by friends.

Ask students what can be done to prevent intentional and unintentional injuries from weapons like guns and knives. List their responses on the board. Suggestions might include laws to limit

sales of weapons, greater weapon safety procedures (e.g., weapon storage, operation and education) and finding more peaceful ways to solve conflicts.

■ Tell the class that one of the best ways to avoid the dangers posed by firearms and other weapons is to learn positive ways to reduce conflict between people.

Note: The following activities on conflict management offer only a brief introduction. These activities may open up a topic that needs to be covered in depth. Assess your students before you teach the conflict management portion of the lesson. For example, if your students live in a neighborhood where the likelihood of violent crime is high, a little knowledge of conflict management techniques without the opportunity for practice may be worse than none at all.

Tell students that conflict is part of everyone's daily life, but we often don't know how to handle conflict to get what we want without hurting someone. Ask students to suggest some ways to resolve conflict without hurting anyone. Write their answers on the board.

If the following are not suggested by the students, bring them up yourself:

- negotiate (problem solve)
- compromise (both parties give up something)
- apologize (without necessarily saying you are wrong)
- ask for help or mediation from an outside party
- delay or postpone (agree to discuss the issue later when tempers have cooled)
- walk away from the situation
- use humor to diffuse the tension

■ Distribute the **Resolving Conflict** worksheet, and review it with the class.

■ Tell students they are going to have a chance to practice resolving conflicts. Divide the class into groups of three. Distribute the **How Would You Handle It?** worksheet. Tell the class that two students in each group should try to solve one of these conflicts while the third member of the group observes their conversation. The observer should provide feedback on how the other two students did.

Have each group report back to the class on their roleplays. Ask the class if it would have been harder to handle the conflict if either of the participants had had too much to drink or had been using other drugs. Tell students that alcohol is implicated in over half of all murders.

Evaluation

Observe the roleplays to assess students' ability to deal with conflict without violence.

Follow-up/ Extension

Invite a representative of the local police department to visit the class and discuss youth weapon use with the students.

WEAPONS AND VIOLENT CRIMES

Teacher Background Information

Teenagers, particularly males, between the ages of 12 and 19, have the highest victimization rates for crimes of violence. Approximately one-third of these violent crimes involve the use of a weapon. Homicide is the leading cause of death for Black males ages 15 to 24.

According to the National Adolescent Student Health Survey (1987), student violence is widespread:

- Almost one-half of the boys (49%) and about one-fourth of the girls (28%) reported having been in at least one fight (defined as when two people hit each other or attack each other with weapons) during the past year.
- More than one-third of the students (34%) reported that someone had threatened to hurt them, 14% reported having been robbed, and 13% reported having been attacked while at school or on a school bus during the past year.

Weapons are accessible to many adolescents but are carried predominantly by boys:

- Four of every ten boys (41%) and nearly one-fourth of the girls (24%) reported that they could obtain a handgun if they wanted one.
- About one-fourth of the boys (23%) reported having carried a knife to school at least once during the past year. Almost 7 percent of the boys reported carrying a knife on a daily basis.
- Three percent of the boys reported having carried a handgun to school at least once during the past year. One percent of the boys reported carrying a handgun on a daily basis.

Most adolescents placed themselves in risky situations during the past year:

- Nearly three-fourths of the students (73%) reported walking alone late at night.
- More than six out of every ten students (63%) reported going to places known to be dangerous.

Most adolescents lack knowledge about homicide statistics:

- Approximately two-thirds of the students (67%) did not know that alcohol is involved in half of all murders.
- Fewer than half of the students (46%) were aware that most murder victims know their assailants.

Source: *The National Adolescent Student Health Survey: A Report on the Health of America's Youth.* American School Health Association (ASHA). 1989. Kent, OH: American School Health Association.

STUDENT

Firearm Murders

Year	Youth Murders	Youth Murders by Firearms (%*)	Under 5 years old	age 5-9	age 10-14	age 15-19
1980	2,829	1,426 (50%)	51	39	104	1,232
1981	2,452	1,213 (50%)	36	44	107	1,026
1982	2,463	1,171 (48%)	63	47	96	965
1983	2,328	1,065 (46%)	38	43	93	891
1984	2,060	962 (47%)	48	45	88	781
1985	2,227	1,096 (49%)	51	45	112	888
1986	2,484	1,210 (49%)	52	48	101	1,009
1987	2,398	1,270 (53%)	38	41	126	1,065
1988	2,374	1,538 (65%)	54	56	136	1,292
1989	3,001	1,897 (63%)	70	57	156	1,614

* Percentages are rounded off to the nearest whole number.

Reprinted with permission from *A Generation Under the Gun: A Statistical Analysis on Youth Firearm Murder in America*, August 16, 1990, Center to Prevent Handgun Violence, Washington, D.C.

STUDENT

Resolving Conflict

Problem solving is one useful approach to resolving conflicts between people or between groups. To use this method, you need to persuade the other person to participate in a discussion. Select a time for the discussion when no one is upset, rushed or busy. Then, take the following steps:

1. **Plan ahead—have a strategy**. Ask yourself: What is the problem? How does it affect me? What are my feelings about the other person? What would make this situation better for me?

2. **Set the tone**. First, state your positive intentions, for example, "I want this relationship to last." Then acknowledge the other person: "I appreciate your willingness to work this out. I realize this is difficult for you, too." Ask the other person to join you in finding a solution to the problem that is OK for both of you.

3. **Use good communication skills**. State your point of view and your feelings about the problem. Use I-messages: I feel angry when you...; It bothers me when.... Avoid you-messages: You don't care about other people's feelings; You are a slob.

   Talk about the problem to be sure you both see the same issue. State your concerns—talk about times the problem occurs and your ideas and feelings about the problem.

4. **Work toward an acceptable solution for both people**. State your position clearly, for example, "If I see you cheat one more time, I will report it to the principal." "Never borrow my sweater again without asking or I will never allow you to borrow my clothes." Then *brainstorm* possible solutions. Each person can eliminate any solution suggested simply by saying, "I can't live with that." Keep going until one or more solutions remain that both people can agree on. Finally, restate the solution you've agreed on to be sure that each person is clear about it.

STUDENT

How Would You Handle It?

Directions: Read the following situations. Select one person in your group to be the observer while the other two group members try to solve one of the conflicts. The observer should provide feedback on the problem-solving approach used by the other two members.

Let's Dance

Pat and Chris have been good friends for two years. Pat and Chris both want to invite the same person to the winter formal. They've had several arguments about this, and now they're not talking to each other. This has made their mutual friends uncomfortable. Jo invited both Pat and Chris over after school; neither knew the other person was invited.

At the Bus Stop

Terry and Sydney have attended the same school for three years and know each other enough to say "hi" when they pass each other in the hall. They are members of different racial/ethnic groups. Terry heard from some friends that Sydney made a derogatory remark specifically about Terry; the remark included a reference to Terry's race. Terry runs into Sydney by the bus stop.

LESSON
9

FUN WITHOUT INJURY

If you are using the health promotion campaign approach, you may choose not to teach this lesson, as the information is covered when the sports group makes its presentation.

Objectives

Students will be able to list injuries commonly associated with sports and recreational activities.

Students will be able to explain steps to take for musculoskeletal injuries incurred during sports and recreational activities.

Time

One class period.

Overview

This lesson begins with a review of popular sports and recreational activities, the types of injuries associated with each, and protective strategies. Next, students learn how to evaluate the seriousness of an injury, when to see a doctor and what kind of home care to apply, if a doctor's attention is not indicated.

Teacher Materials and Preparation

COPY:

✓ **Your Favorite Sport** worksheet, one for each student.
✓ **In Case of Injury** worksheet, one for each student.
✓ **What Should You Do?** worksheet, one for each student.

REVIEW:

✓ **What Should You Do?** ***Example.***

Procedure

■ Ask for a show of hands from students in response to the question: How many of you have ever been injured while playing a sport for competition or for fun or during a recreational activity like swimming? Ask for two to three student volunteers to tell the class what happened to them, why they think they were injured, and how the injury was taken care of.

Distribute the **Your Favorite Sport** worksheet. Tell students that almost no sport or recreational activity is risk free, but that some sports are more dangerous than others. Add that there are things you can do to protect yourself while enjoying your favorite sport. For example, you can wear a helmet while bicycling or a reflective vest while walking or jogging at night.

Pick several of the popular sports shown on the worksheet, and ask for student volunteers to identify the most likely injuries and/or protective strategies. If your students live near water, be sure to include swimming, since drowning is one of the leading causes of death among youth.

■ Tell students that injuries range from very mild to very serious. When an injury occurs, it is important to evaluate the injury carefully. If an injury is serious and does not receive treatment, it can become significantly more serious with time. On the other hand, there is no reason to spend time and money on a doctor's care if the injury does not require it.

Common phrases used to describe injuries experienced while participating in sports include:

- *Fractures*—broken bones
- *Inflammation*—heat, redness and swelling around the injury

- *Sprain*—an injury to a ligament, the tissue that holds bones and joints together
- *Overuse Injury*—injury that occurs when you overuse a part of the body, often the heel, elbow or shoulder.

■ Distribute the **In Case of Injury** worksheet. Review the steps with the students. Then have students pick a partner and practice the steps outlined in the worksheet.

■ Distribute the **What Should You Do?** worksheet and have students complete it individually, in class or as homework.

Evaluation

Assess students' responses on the **What Should You Do?** worksheet to determine their ability to list common injuries related to sports and knowledge of the appropriate steps to take when injuries occur.

Follow-up/ Extension

Do a media analysis. Assign students the task of watching a designated amount of television during a time when sporting events are aired, probably on the weekend. Ask them to (1) count the number of beer commercials, and (2) count the number of times that beer is advertised while showing a sport or recreational activity.

Make a note of what the sport or activity is. Could it be dangerous to drink while you are engaged in this activity? (For example, some beer commercials show people surfing, land sailing, snowmobiling, etc., all of which require quick reflexes and coordination.) Why do you think beer companies promote drinking during an activity that could be dangerous if combined with alcohol? What influence do you think these ads have on people's drinking? How could you counteract the influence of these commercials?

STUDENT

Your Favorite Sport

Sport	*Most Common Injuries*	*Protective Strategy*
Swimming/ Diving	Shoulders Broken neck Drowning	Warm up. Check depth of water. Swim with a buddy, adult or life guard present. Don't use alcohol or other drugs.
Tennis	Elbows	Warm-up, stretching
Biking	Skin (abrasions, bruises) Head injuries	Bike on path or smooth surface. Wear a helmet.
Gymnastics	Knees, back, shoulders, spine	Warm-up, stretching, strengthening, instruction
Ballet	Knees, feet, spine	Warm-up, stretching, strengthening, instruction
Basketball	Knees, back, legs	Wear proper shoes.
Baseball	Shoulders, elbows	Warm-up, stretching, instruction
Hockey	Knees	Warm-up, instruction, protective gear
Walking	Being hit by car	Wear a reflective vest when walking at night. Walk facing traffic. Walk on sidewalk.
Running	Shin splints Foot and knee injuries	Wear shoes made for running. Run on a soft surface rather than pavement.

STUDENT

In Case of Injury

If someone is injured while participating in a sport or recreational activity, you first need to decide how serious the injury is and whether a doctor should examine it. For a moderate injury, you need to take the following steps:

1. ***Ask questions about the injury.*** How did it occur? Did it stop participation? How much does it hurt? Does it hurt more now than when it happened?

   Injuries that result from a relatively minor force are usually less significant than those caused by a strong one. If pain decreases within several hours after the accident, the problem is not serious. If it gets worse, a serious injury might exist.

2. ***Look at the injury.*** Is there any obvious deformity? Is there any subtle swelling? Is there any bruising? Can the arm or leg be moved?

   If both arm and hand or leg and foot can be moved freely and painlessly, then the injury is less serious than if the person is unable or unwilling to move the painful part.

   If there is only subtle swelling and you're still not sure what to think, then...

3. ***Gently touch (palpate) the injured area.*** If there is no obvious swelling or deformity, touching the area is not likely to do any harm. If the whole arm or leg can be touched or softly squeezed and there is no area of tenderness, the chances of having a fracture are not high.

   If you suspect a fracture (broken bone), see a doctor immediately.

   Handle a severe injury differently. A severe injury is indicated when a person cannot move an arm or cannot walk or get around.

   If an arm is hurt and the deformity or pain is not great, rest the arm on a pillow or in a sling before going to the doctor or the emergency room.

   For a leg injury with marked deformity or pain, especially if the foot is twisted out at an abnormal angle, it is best to send for professional help in moving the person.

   Never give a seriously injured person anything to eat or drink, not even a sip of water, until he or she has been cleared by an emergency room physician. Doing so can interfere with the use of an anesthetic.

■ ■ ■

Suppose you determine that the injury is not serious enough to require a doctor's care, but it is causing discomfort to the person? Now's the time to apply RICE.

The abbreviation RICE is made up of the initials of the four steps you can take to help relieve pain and promote healing of strains, sprains, bruises and lacerations:

RICE = Rest, Ice, Compression, Elevation

Rest the injured body part. Apply **ice** immediately for 20 minutes and every two to four hours thereafter for the next 48 hours. **Compress** the body part with an elastic bandage to prevent further damage to the muscles, ligaments, tendons and blood vessels. **Elevate** the injured body part to reduce swelling.

Portions of this material were adapted from *The Complete Book of Sports Medicine* by Richard H. Dominguez, MD. 1979. New York: Charles Scribner's Sons.

STUDENT

What Should You Do?

Directions: On the lines below, list two to four sports or recreational activities that you enjoy. Next to each sport or activity, write down the most common injury that occurs for it. Then answer the questions about the steps to take for some injuries.

Activity	Common Injury

1. Cherie is limping and complaining that her ankle is killing her. What should she do?

2. Angel can't bend his right arm. What should he do?

3. Ray gets hit in the head with a baseball, falls down and doesn't move. What should you do?

TEACHER

What Should You Do?

Example

Directions: On the lines below, list two to four sports or recreational activities that you enjoy. Next to each sport or activity, write down the most common injury that occurs for it. Then answer the questions about the steps to take for some injuries.

Activity	Common Injury
Tennis	***Elbows, skin scrapes, bruises***
Walking	***Hit by car***
Soccer	***Knees, ankles***
Biking	***Knees, shoulders***

1. Cherie is limping and complaining that her ankle is killing her. What should she do?
   Check for swelling or deformity. If it's not too swollen and doesn't hurt too much to touch it, then she should rest the ankle. She can apply ice for 20 minutes, wrap the ankle with an elastic bandage and elevate it.

2. Angel can't bend his right arm. What should he do?
   See a doctor immediately.

3. Ray gets hit in the head with a baseball, falls down and doesn't move. What should you do?
   Don't move him. Get help immediately.

LESSON
10

RATE YOUR RISK

Teach this lesson for both the health promotion campaign approach and the traditional approach.

Objectives

Students will be able to evaluate the level of change in their risk-taking behavior over the course of the module.

Students will commit to taking one injury prevention action during the next month.

Time

One class period.

Overview

This final lesson gives students an opportunity to assess changes in their knowledge, attitudes and behavior in relation to injuries and injury prevention. Students again complete the risk questionnaire from Lesson 1 and compare their responses.

Teacher Materials and Preparation

COPY:

✓ **What Risks Do You Take?** worksheet, one for each student.

✓ **Pledge** worksheet, one for each student.

Procedure

■ Distribute a new copy of the **What Risks Do You Take?** worksheet. Tell students this is the same worksheet they completed in Lesson 1. As before, tell students not to put their names on the worksheet. Explain that you will collect their responses to produce a new class risk profile, but their answers will be anonymous.

Tell students to answer the questions honestly so they can see what changes they've made during this unit.

When students have finished the worksheet, have them take out the **What Risks Do You Take? Scorecard** from Lesson 1. Tell students to record their new responses on their scorecards. Ask them to mark the questions where their answers changed and to think about the changes.

■ Lead a class discussion of the module. Use questions such as the following to guide this discussion:

- What was the most important thing you learned?
- In what way(s) have your attitudes about injury prevention changed? (Be specific.)
- Have you changed any of your behavior because of something you learned here?
- If you have adopted some injury prevention behaviors, do you think you'll continue that behavior next month? next year at this time? If you're not sure, what would help you to continue that behavior?

■ Distribute the **Pledge** worksheet. Have students think about what action they can commit to regarding injury prevention. Plan to follow up with this pledge at the end of the semester by asking students to review it, note how successful they've been, and perhaps renew or change their pledges.

Evaluation

Assess students' responses in the discussion to determine their ability to evaluate their level of change in risk-taking behavior. Students could write a paragraph about their level of change as well.

Collect student **Pledge** worksheets and review for stated commitments to an injury prevention action, but be sure to return them to students to keep. Conduct a follow-up on the success of student pledges as suggested in the previous procedure.

Follow-up/ Extension

Prepare a Class Risk Behavior Profile based on the students' new responses (see instructions in Lesson 2). Show students both class profiles and compare them. In which areas have the most students changed? If there is little change, ask students why they think so little change has occurred.

STUDENT

What Risks Do You Take?

Directions: Do ***not*** write your name on this questionnaire. Please answer the questions honestly. Your answers will be private.

Read each question carefully, and choose the most accurate answer for each question. Circle the letter of the answer you choose.

How old were you on your last birthday?

a. 13 years old
b. 14 years old
c. 15 years old
d. 16 years old
e. 17 years old
f. 18 years or older

What sex are you?

a. Female
b. Male

1. During the past 30 days, how many times have you been in a car or truck or on a motorcycle driven by someone who was or had been drinking alcohol or using other drugs?

a. None
b. 1 time
c. 2 or 3 times
d. 4 or 5 times
e. 6 or more times

2. During the past 30 days, how many times did *you* drive a car, truck or motorcycle while or after drinking alcohol or using other drugs?

a. None
b. 1 time
c. 2 or 3 times
d. 4 or 5 times
e. 6 or more times

3. How often do you wear a safety belt when riding in a car or truck driven by someone else?

a. Never
b. Rarely
c. Sometimes
d. Most of the time
e. Always

4. How often do you wear a helmet when riding a bicycle?

a. I do not ride bicycles.
b. Never
c. Rarely
d. Sometimes
e. Most of the time
f. Always

5. How often do you wear a helmet when riding a motorcycle?
   a. I do not ride motorcycles.
   b. Never
   c. Rarely
   d. Sometimes
   e. Most of the time
   f. Always

6. Last summer, during June through August, how many times did you swim or surf with or without friends in an area that was *not* supervised by an adult or a lifeguard?
   a. None
   b. 1 time
   c. 2 or 3 times
   d. 4 or 5 times
   e. 6 or more times

7. Last summer, during June through August, how many times did you swim or surf with or without friends while or after drinking alcohol or using other drugs?
   a. None
   b. 1 time
   c. 2 or 3 times
   d. 4 or 5 times
   e. 6 or more times

8. During the past 30 days, how many times have you carried a weapon, such as a gun, knife or club for self-protection or because you thought you might need it in a fight?
   a. None
   b. 1 time
   c. 2 or 3 times
   d. 4 or 5 times
   e. 6 or more times

9. What kind of weapon did you usually carry?
   a. I did not carry a weapon.
   b. A handgun
   c. Another gun such as a rifle or a shotgun
   d. A knife or a razor
   e. A club

10. During the past 30 days, how many times have you been in a physical fight in which someone was injured and had to be treated by a doctor or a nurse?
   a. None
   b. 1 time
   c. 2 or 3 times
   d. 4 or 5 times
   e. 6 or more times

11. During the past 30 days, how many times have you been injured while playing a sport or game?
   a. I have not been injured.
   b. 1 time
   c. 2 or 3 times
   d. 4 or 5 times
   e. 6 or more times

Adapted from the *Youth Risk Behavior Survey*, U.S. Public Health Service, OMB No. 0920-0258.

STUDENT

Pledge

What are you doing now to prevent injury that you were not doing before you studied this unit?

What would help you to continue doing this for the rest of this year?

If you're willing, fill in and sign the pledge below to continue the injury prevention action you have begun.

❧ ❧ ❧

I, _____, pledge to do the following action to prevent myself from being injured for the rest of this year:

_____

_____

_____

I will probably need to do the following things in order to keep practicing this behavior:

_____

_____

_____

_____ _____

Signed *Date*

About the Authors

Lisa K. Hunter, PhD, has extensive experience in research and development in the fields of education, health and mental health. She has developed print, video and film materials for educators and conducted national and statewide training for education, health and community-based groups since 1972. She is the author of *Sources of Strength: Women and Culture*, a curriculum for secondary through adult students; *Oceans of Options: Sex Equity Lessons for the Classroom; The Process of Change: A Handbook for Teachers on the Process of Changing Sex Role Stereotypes* (with Gloria Golden and Greta Morine); *The Comprehensive School Health Sourcebook* and *Friends Can Be Good Medicine: A K-12 Curriculum About Relationships and Well-Being* (with Donna Lloyd-Kolkin); and *Into Adolescence: Caring for Our Planet and Our Health*. She is a founding partner of Health & Education Communication Consultants, a firm in Menlo Park, California, whose mission is to enhance communication between the fields of health and education through the development of materials, training and technical assistance.

Donna Lloyd-Kolkin, PhD, is the author of *Schoolsite Health Promotion: An Ideabook*; *The Three Age Curriculum*, which promotes health-oriented physical fitness; *Staying Well: A Resource Package for Grades 5-8; The Comprehensive School Health Sourcebook* and *Friends Can Be Good Medicine: A K-12 Curriculum About Relationships and Well-Being* (with Lisa K. Hunter); and *Entering Adulthood: Creating a Healthy Environment*. She codirected a series of health promotion projects in California public schools under the sponsorship of the California Department of Mental Health. She also serves as editor and publisher of the *Staying Well School News*, a national newsletter about school health. She is also a founding partner of Health & Education Communication Consultants.

Reviewers of
Entering Adulthood: Skills for Injury Prevention

Bob Kampa
Health Teacher
Gilroy High School
Gilroy, CA

David M. Macrina, PhD
Associate Professor of Education
Injury Prevention Research Center
University of Alabama at Birmingham
Birmingham, AL

Robert Mishell, MD
University of California, Berkeley
Berkeley, CA

Michael A. Smith, MS, CHES
Health Teacher
Long Beach Unified School District
Long Beach, CA

Julie Taylor
Project Coordinator
ETR Associates
Santa Cruz, CA

Donna J. Underwood, MS
Consulting Public Health Administrator
Champaign, IL

ABOUT THE BOOK: This persuasive curriculum helps high school students identify behavior that puts them at risk for injury and promotes the practice of safer behavior. Unintentional and intentional injuries are the primary killer of older teens, yet most students believe "it can never happen to me." *Entering Adulthood: Skills for Injury Prevention* introduces students to some startling statistics and teaches vital knowledge, attitudes and behaviors to improve students' personal safety behavior. Educators are encouraged to teach this hard-hitting curriculum via an extended health promotion campaign strategy. With this technique, students work in small groups to research, plan and implement a focused injury prevention media campaign. *Entering Adulthood: Skills for Injury Prevention* helps students:

- assess their own high-risk behavior
- learn how to respond in emergency situations
- realize the importance of safety belt and helmet use
- make safe choices about drinking and driving
- avoid injuries common in sports and recreation activities
- understand the importance of nonviolent conflict resolution and the dangers posed by weapons
- communicate important safety messages to their peers

ABOUT THE SERIES: *The Contemporary Health Series* covers critical health and family life topics in a sequence of modules with two curricula divisions: INTO ADOLESCENCE for middle school teachers and ENTERING ADULTHOOD for high school teachers. Each of the modules in a division is compatible with the others but may stand alone. Other ENTERING ADULTHOOD titles include: *Balancing Stress for Success; Connecting Health, Communication and Self-Esteem; Coping with Sexual Pressures; Creating a Healthy Environment; Developing Responsibility and Self-Discipline; Examining Drugs and Risks; Living in Relationships; Looking at Body Image and Eating Disorders; Moving into Fitness; Planning Life Directions; Preventing Sexually Related Disease; Understanding Depression and Suicide;* and *Understanding Reproduction, Birth and Contraception.*

ISBN 1-56071-060-8
$19.95
9 781560 710608

Network Publications, a division of ETR Associates
Santa Cruz, CA

115